

JPRS-TEP-85-013

9 August 1985

Worldwide Report

# EPIDEMIOLOGY

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9 August 1985

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BANGLADESH

BRIEFS

**BACILLARY DYSENTERY DEATHS**--Natore, June 8--Bacillary dysentery has broken out in an epidemic form at Natore causing death to more than 50 persons, it is learnt. This infectious disease has mainly assumed epidemic form in three upazilas, viz Singra, Gurudaspur and Bagatipara of the district. Thousand of persons have been attacked by this disease while the number of children are comparatively large. When contacted by this correspondent, the Civil Surgeon confirmed that there is bacillary dysentery epidemic in which 384 persons were attacked by blood dysentery and of them only 17 have died. He further said the situation is now under control. Scarcity of pure drinking water and nutritious food are the main causes of this disease, he added. [Text] [Dhaka THE NEW NATION in English 10 Jun 85 p 2]

**RANGPUR DYSENTERY DEATHS**--Rangpur--According to our Rangpur Correspondent: Four persons of one family died of bacillary dysentery. It is learnt that one Aklur Mamud (60), his nephew and his grandsons of village Ranachandi under Nilphamari Sadar upazila died of the disease. The general feeling is that the disease has broken out in an epidemic form due to exposed and uncared for foodstuff being sold in the market. When contacted, the employees of Health Complex told that a medical team was working in the affected areas and that the high officials already visited the area. [Text] [Dhaka THE NEW NATION in English 15 Jun 85 p 2]

**RANGPUR DIARRHEA DEATHS**--Rangpur, June 11--At least 175 persons died of diarrhoea diseases and many others have been suffering in scattered areas in Gaibandha and Nilphamari districts during the past few weeks. Of them, one hundred and forty died at Dimla, Domar, Jaldhaka and Kishoreganj Upazilas in Nilphamari District. The rest, 35 persons died in the scattered areas in Gaibandha District. Hundreds of people were also suffering from the diarrhoeal diseases in these two districts as yet. According to the information, acute scarcity of pure drinking water and malnutritious food caused the attack of the diseases in these areas. Medical aids are quite inadequate to cope with this alarming situation, it is alleged. [Text] [Dhaka THE BANGLADESH OBSERVER in English 12 Jun 85 p 7]

**KISHOREGANJ DIARRHEA DEATHS**--Kishoreganj, June 11--Diarrhoeal diseases and dysentery have broken out in different areas of Kishoreganj district in an epidemic form. About 100 persons have died of the diseases during the last one month. According to the reports, about 3000 persons are suffering from the diseases in the district. Most of them are children and female. The worst-hit areas are Itna, Tarail, Karimganj and Mita main upazila. An official source when contacted confirmed the outbreak of the diseases. According to the official reports, about 1600 persons were suffering from diarrhoeal diseases, dysentery and gastro-enteritis in different upazila of the district during the month of May. It includes 794 dysentery patients, 38 gastro-enteritis and 386 diarrhoea. The source told me that only 39 deaths were reported from the affected areas during the period. Necessary preventive steps were being taken in the affected areas by the Health officials and workers, he added. According to the reports from different affected upazila, oral rehydration saline (O.R.S.), cholera vaccine and other necessary medicines are not available. The poor patients of the rural areas are not getting medicines in the government health centres. But these are easily available at exorbitant price in the open markets. Acute scarcity of pure drinking water, unhygienic condition and lack of proper measures are attributed to the quick spread of these diseases. [Text] [Dhaka THE BANGLADESH OBSERVER in English 13 Jun 85 p 8]

**NATORE DYSENTERY DEATHS**--Natore, June 15--Blood dysentery has broken out in an epidemic form at Natore. More than 50 persons died of the disease. The worst affected upazilas are Singra, Bagatipara and Gurudaspur of the district. Thousands of persons have been attacked by this disease. Children are the worst sufferers. The Civil Surgeon, Natore, confirmed 384 persons have been attacked by blood dysentery and of them 17 have died. He further said that the situation has been brought under control. Scarcity of pure drinking water is the main cause of this disease he added. [Text] [Dhaka THE BANGLADESH OBSERVER in English 16 Jun 85 p 7]

**SANDWIP DIARRHEA DEATHS**--Chittagong, June 15--Diarrhoea has so far claimed 90 lives in cyclone and tidal bore battered Sandwip island. According to Sandwip Sanitary Inspector's office three to five persons are becoming victims of this disease every day. The Assistant Director of Health Department in Chittagong when contacted today (Saturday) gave official figure of 41 dead from this disease. He disclosed that about 6,000 people have so far taken ill. The villages where the diarrhoea has broken out in epidemic form are Santoshpur, Rahmatpur, Kalapania, Maithbanga, Azimpur and Dighapar. The saline water that swamped vast areas in the wake of the recent cyclone spread the disease by contaminating all sources of drinking water. Twenty-six medical teams have been working in Sandwip Island to check further outbreak of this disease. Large-scale inoculation and other preventive measures have been undertaken in the affected areas. [Text] [Dhaka THE BANGLADESH OBSERVER in English 16 Jun 85 p 1]

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RANGPUR GOITER CASES—Lalmonirhat, June 16—About 8,000 people, specially women, are suffering from goitre locally known as 'gheg' in the char areas of greater Rangpur district for a long time. It is painful to look at the throat of a person so grossly inflated in size. A large number of people are found in char areas of greater Rangpur district with 'gheg.' This disease is increasing day by day in the region. There is no measure to combat the disease. This correspondent visited some char areas recently and found more than 60 percent people specially women, suffering from this type of throat disease. Their voice is like that of horse. 'Gheg' looks like a cricket ball but some are large. The physicians of the area told me that due to the deficiency of iron in food this disease was rapidly spreading among the people of the char areas. People of the char areas usually drink water of the rivers. The water of the rivers is ironless. Hence they are attacked with this disease, it is learnt. More than 8,000 people have been suffering from this disease in greater Rangpur. Rectified iodine is used to treat the disease but the poor people of the char areas cannot afford this due to poverty. One rickshawpuller, Mujibur, aged about 30, with his inflated throat (gheg) told this correspondent that he repeatedly used tablets and bottles of medicine but to no effect. He further told me that he has been suffering from "gheg" for the last three years. There is no hospital in the region for the treatment of the disease. The only hospital to treat the disease situated at Barisal. As this disease is specially found in the Rangpur-Dhaka region, a hospital to treat 'gheg' disease should be set up in this region. [Text] [Dhaka THE BANGLADESH OBSERVER in English 17 Jun 85 p 7]

CSO: 5450/0228

BARBADOS

## NATIONAL HEALTH SERVICE CHANGES SPARK DISPUTE

### Medical Practitioners' Criticism

Bridgetown BARBADOS ADVOCATE in English 20 Jun 85 p 1

[Text]

The Barbados Association of Medical Practitioners (BAMP) has accused the Ministry of Health of unilaterally terminating negotiations on the proposed National Health Service (NHS).

And BAMP which represents more than 200 doctors sees such action as a breach of commitment.

BAMP's council, headed by its president, Dr. George Mahy, met with members of the local news media yesterday at the Asta Hotel to bring them up to date on BAMP's position on the NHS.

The doctors, who said they wanted a high quality, efficient health service where there would be no need for private practice, pointed to such areas of concern as after hours emergency service and the remuneration package.

Professor E.R. "Mickey" Walrond said that the after hours emergency service was plagued with problems, ranging from its being physically impossible for the doctor to see all his patients to the fear of female doctors answering late night calls, while the remuneration offered for the services being offered "is paltry."

The matter of pensions and gratuities is a very sour point with the doctors who noted that in the final document which had been approved by Cabinet no agreement

had been reached on these areas.

BAMP said that doctors had responsibilities not only to themselves but to their employees and pointed to such matters as severance payment. They felt that since the National Insurance Scheme was compulsory both the doctors and their staff should be eligible for severance payment in certain cases where the contract with the NHS Board was terminated.

President of BAMP Dr. Mahy, who said the NHS Board had been directed to invite medical practitioners to enter into agreements for Model 'A' of the service, added that the Board will soon place advertisements in both the local and foreign media for people to work with the service.

"This means that the Ministry of Health had unilaterally decided to terminate negotiations with the BAMP on the National Health Service," he said.

Dr. Mahy added that after a meeting with Government last year on the NHS it was agreed that a Cabinet paper would have been submitted to Cabinet addressing the concerns of all doctors, not only GPs, in the Health Service.

He said, "This has been ignored. Such actions are seen by BAMP as a breach of commitment."

## Potential Impact on Services

Bridgetown BARBADOS ADVOCATE in English 20 Jun 85 p 1

[Text]

The National Health Service (NHS) is likely to have some repercussions on this country's existing health services.

For these reasons BAMP wants all aspects of the health services dealt with.

BAMP's General Secretary Dr. Yvette Delph said yesterday that the proposed health service should be a National Health Service and not a General Practitioner Service.

To clarify her point she said a recent survey of the over 65s in Barbados revealed that only 23 per cent had seen a doctor in the past year. "It would not be difficult to realise what will happen when the National Health Service commences and health care becomes free at the point of delivery."

She said provisions will have to be made for those patients needing care at secondary and tertiary health centres along with other specialised services done through Government facilities.

"This will obviously put great strain on the government facilities. Similarly, the number of patients referred to outpatient clinics for specialist management, including surgical operations, will be greatly increased."

Dr. Delph said unless provisions were made at the secondary and tertiary centres to cope with the increased work

load there would be a build-up of work and long waiting lists for all departments in the hospital.

The BAMP general secretary said the general practitioners could not be dealt with in isolation, "so if one is prepared to consider rewards for general practitioners then one must be prepared to consider rewards for all doctors in the health services."

She stated that it was essential for smooth and harmonious functioning of the entire health service that there be uniformity and comparability in the payment of doctors.

She said that certain disadvantages faced consultants in the hospital whom she said would have to work about 50 hours per week without financial reward.

"Why should the hospital doctor be deprived of those rewards which are being offered to those general practitioners willing to join the National Health Service?"

"These double standards need to be corrected," she added.

"It is for all these reasons that BAMP feels very strongly that with the introduction of a National Health Service all aspects of the Health Services must be dealt with," Dr. Delph said.

CSO: 5440/074



9 August 1985

## BELGIUM

## CONCERN OVER INCIDENCE OF AIDS IN PRISONS

Brussels LA LIBRE BELGIQUE in French 7 Jun 85 p 5

[Text] Are our prisons becoming breeding places for AIDS? Several Brussels lawyers are convinced of it. Following the suit brought by a Moroccan family, one of whose members died at the Saint-Luc University Clinic and who had come from Saint-Gilles Prison is alleged to have succumbed to that ailment, lawyers Ann Krywin and Georges-Henri Beauthier have written an open letter to the minister of justice. They echo the alarming rumors that are circulating in the prisons and the absence of prophylactic resources in the prison administration. This is the gist of that letter:

"This Thursday, 6 June, before Department 18 or the Court of Brussels one of our colleagues requested a continuance in a case we were defending on the grounds that his client had contracted 'a serious contagious illness' and could not be transported from Forest Prison to the court. Furthermore, our colleague could not see his client at the prison the day before for the same reason...."

## Contagious

"In the course of the morning we learned that this prisoner, who prison officials said had contracted 'a serious contagious illness,' had nevertheless been brought to the courthouse under proper escort and was presented to the court. The court did not fail to order an expert opinion.

"Before the same court yesterday, one of our colleagues requested that emergency measures at last be invoked for one of his clients being held at Forest Prison.

"Rumors are circulating and alarming reports are running through the corridors of the courthouse and Saint-Gilles and Forest Prisons: that AIDS has gained a foothold and instituted a lengthy and pernicious reign of contagion. Questioned on several occasions, the prison administration has disclosed that it did not have the means for instituting prophylactic measures and that it would itself continue to treat those prisoners who appear to be suffering from AIDS, whereas, for several months now, the Belgian medical authorities have been requesting that treatment for AIDS be instituted in the university hospitals."

## Investigating Commission

"In a state of unbearable uncertainty hundreds of prisoners, guards, government agents, policemen, judges and lawyers are wondering about the measures that have been adopted to stop what could be an epidemic. Given the extreme urgency and the responsibility incumbent on all of us to report and put an end to the ravages of AIDS, we take the liberty of launching this appeal to you so that an investigating commission may be appointed whose mission it will be to determine whether AIDS has really entered our prisons and to say, if it can, which are the immediate means to be set in motion without delay to nip this contagion in the bud and care for those who are afflicted with it....

"In appealing to the minister, we have chosen to call on the highest official of the prison administration, aware as we are that any delay in setting solutions in motion might have tragic consequences. We hope that once the analyses have been made the rumors that are spreading will be invalidated by this investigating commission. But we will only be assuaged upon presentation of the results obtained by this commission which you will not fail to institute...."

The Office of the Minister of Justice has denied the alarmist rumors launched by Brussels lawyers.

Directives were issued to prison doctors to systematically investigate the presence of antibodies of the AIDS virus in all at-risk prisoners. The examinations have been conducted by the university hospital services and, to date, a single attested case of AIDS has been uncovered as well as one doubtful case. The individuals concerned have been isolated to prevent any contamination and placed under medical surveillance.

11,466

CSO: 5400/2544

BELIZE

BRIEFS

FALCIPARIUM MALARIA—A new and deadly strain of Malaria known as Falciparium and first diagnosed in Belize in 1978 has been gaining strength here, according to a release by the Government Information Service. Last year 17 per-cent of all cases of malaria in the country were found to have been of this Falciparium variety, according to government statistics. If not treated, Falciparium is often fatal, and were it not for control measures with DDT, the outbreak of Falciparium could have been a serious health problem. Writing to refute a newspaper report that DDT spraying is harmful to the health of Belizeans, the Chief Information Officer has said that numerous studies on the use DDT have shown that the quantity used for the control and eradication of malaria mosquitos is not harmful to humans. [Excerpt] [Belize City THE REPORTER in English 16 Jun 85 p 8]

CSO: 5440/072

BRAZIL

## YELLOW FEVER POSES NEW THREAT IN SAO PAULO STATE

### Spraying Campaign Initiated

Sao Paulo O ESTADO DE SAO PAULO in Portuguese 30 May 85 p 63

[Text] The Superintendency for the Control of Endemic Diseases (SUCEN) yesterday reported a suspected case of yellow fever in the city of Presidente Prudente, the second such case since 33 May. The patient was transferred at night from the local infirmary to the Clinic Hospital in Sao Paulo city, where he will be put through tests and kept under observation. Tests conducted following the death on 24 May of Carlos Alberto Rodrigues, 35 year-old truck driver, have initially pointed to the cause as yellow fever, a disease that, officially, has been practically extinct since the forties.

Although SUCEN has been regularly reporting the existence of concentrations of the mosquito Aedes Egypti, carrier of the disease, in various urban areas, SUCEN director Antonio Guilherme do Souza added that concentrations of these insects have been found in 11 cities of the state outside Sao Paulo city itself, where some have been noted in the Penha section. Cities where the mosquito has been sighted so far are Presidente Venceslau, Presidente Prudente, Arcatuba, Birigui, Penapolis, Guararapes, Sao Jose do Rio Preto, Jau, Pederneiras, and Lorena.

At the moment the main problem, according to Antonio Guilherme do Souza, is in Presidente Prudente, where two cases have been confirmed. SUCEN and SUCAM, the agency responsible for health campaigns throughout the country, are now going to start an operation to combat the mosquito, using insecticide spraying equipment on favored breeding areas, such as small jars, cans, bottles, old tires, etc., where water collects. SUCEN technicians have so far identified 43 concentrations of the yellow fever carrier mosquito in Presidente Prudente alone.

Staff workers in the campaign against the mosquito are going to start with the areas where the death was reported. In addition, the Secretary of Health plans to mobilize all of the local populace to hold a work party to clean up places where the insects like to breed. According to the director of SUCEN, who says he already has authorization from the state government to spend whatever it takes to fight the mosquito, local civil defense and municipal authorities are working together on the problem. SUCEN has also

received 100 thousand shots of vaccine with which it intends to inoculate the population potentially exposed to the yellow fever virus. The so-called "blocking vaccination" will be used, which reaches only the population at risk, i.e., those who had contact with the diseased person.

Since SUCEN does not possess sufficient infrastructure to deal with the situation, its director met on 23 May with state governor Franco Montoro to report on the situation and ask for more staff and funds to combat the problem. Meanwhile, says Antonio Guilherme de Souza, SUCEN has about 20 billion cruzeiros to spend on mosquito control, and, as he explained, next to malaria, this is currently the principal public health problem in the whole state.

Today, for example, he is meeting with the municipal secretary for Hygiene and Health, Jose da Silva Guedes, to discuss the question in Sao Paulo, where the problem, he explained, is more complicated and there is still no idea as to when the mosquito combat program can get under way. Meanwhile, the director of SUCEN has sought to calm the community by explaining that "the probability of an outbreak of yellow fever is very small" and that, if that were to happen, Brazil would have dropped back 43 years in terms of public health, since the last case of urban yellow fever of which there is any record occurred in 1942 in the city of Sena Madureira, in Acre.

The SUCEN director made a special point of stressing that the cases reported in Presidente Prudente were caused by the Aedes hemaegogus, the sylvan mosquito (the Aedes egypti is urban). Both the truck driver who died and the young man who was transferred last night to the Clinic Hospital were undoubtedly stung by mosquitos in the Amazon region, where there actually were 45 cases reported in 1984 of yellow fever carried by the sylvan variety mosquito. The doctor explained that the mechanism for the occurrence of yellow fever starts with the mosquito stinging a monkey, which is the host of the virus, and then a human, who breaks out with the normal symptoms of fever, plus hemorrhaging. If this human then comes to a city where there are any Aedes egypti and is bitten by the latter, that mosquito then becomes a transmitter of the disease.

#### Disease Thought Extinct

Sao Paulo O ESTADO DE SAO PAULO in Portuguese 18 May 85 p 14

[Text] About 20 foci of Aedes Aegypti, the carrier of the sylvan yellow fever, thought to be extinct for more than 30 years, have been noted in Presidente Prudente by the Superintendency for the Control of Endemic Diseases (SUCEN). The agency says that there is no way of fighting the foci for the time being and that there is danger that the disease might be passed to some local resident. This is because many people come through the city every day from the Amazon and Centerwest regions, where the fever has not been eliminated. All that is necessary is for one of them to have the disease and to be bitten by the mosquito, which then causes an outbreak among other victims.

12430

CSO: 5400/2060



9 August 1985

## BRAZIL

## BRIEFS

**MALARIA AMONG INDIANS**--Mayor Mario Jorge Gomes da Costa of the former township of Presidente Figueiredo, 120 kms from Manaus, has reported that about 30 Indians of the Vaimiri-Atroari tribe are in serious threat of death. They are men, women, and children, sick with malaria, tuberculosis and pneumonia. They are being kept under isolation in a bus-clinic in front of the former township's hospital. They were removed from the Presidente Figueiredo Hospital due to lack of medicine and food and also because of the risk of spreading diseases to other patients, since, the mayor stated, there are insufficient funds for keeping up sanitation in the hospital. He explained that when the charter of the township was revoked by the Federal Supreme Court, the city hall stopped receiving money to carry out its agreement with the National Indian Foundation, FUNAI, under which it had assumed responsibility for medical and hospital care for the 600 Indians of the Vaimiri-Atroari reservation. [Text] [Sao Paulo O ESTADO DE SAO PAULO 19 May 85 p 26] 12430

**RISING AIDS INCIDENCE**--At least 146 deaths have already occurred among the 313 cases of Aids officially reported in Brazil. This information was supplied on 21 May in Curitiba at the opening of the 4th National Meeting on Acquired Immune Deficiency Syndrome by Professor Paulo Roberto Teixeira, coordinator of the program for control of the disease in Sao Paulo. Other figures were presented at the meeting, which closes on 23 May: the Sao Paulo hotline on the disease answers an average of 200 calls a day from all over the country. The Curitiba meeting is discussing ways for keeping up with and treating Aids in the 10 states where its occurrence has been confirmed. The speed with which the disease has been spreading in Brazil -- at a rate similar to its spread in the United States -- is one of the main concerns of the doctors attending the meeting. They forecast an increase shortly in the number of women carriers of the disease, which is transmitted through bisexual relations. One of the largest high-risk groups, 25 percent, are the bisexuals, the majority of whom are married. In Sao Paulo there is already a case of a pregnant woman who has the disease. As for the possibilities for a cure for Aids, the doctors were skeptical, even in cases of early detection. Teixeira noted that in Sao Paulo one patient has been under care for three years but continues to "waste away under our very eyes." As for



the test which shows contact with the virus, the doctors warn that is is "psychologically very dangerous," since simple contact does not mean that a person has contracted the virus. In recent months, four persons have committed suicide after taking the test in Sao Paulo, but only one had Aids. [Text] [Sao Paulo O ESTADO DE SAO PAULO in Portuguese 25 May 85 p 9] 12430

CSO: 5400/2060

CANADA

AIDS DEATH TOLL, TORONTO STUDY RESULTS DISCUSSED

Death Toll 131

Toronto THE TORONTO STAR in English 11 Jun 85 p A18

[Article by Lillian Newbery]

[Text]

Canada's death toll from Acquired Immune Deficiency Syndrome (AIDS) stands at 131 following the death of four Haitian-descended children in the Montreal area.

The new total was given by Dr. Alastair Clayton, director of the Laboratory Centre for Disease Control in Ottawa, at a Toronto news conference yesterday.

Of the victims, 120 have been adults — mostly homosexual men — and 11 children of Haitian descent, except one infant who died following a blood transfusion, Clayton said.

He said the four Montreal-area children who died were among 10 child cases in the area reported to his lab in the past two weeks, although some of them had been diagnosed two to

three years ago.

The 131 deaths across the country so far are out of a total of 230 confirmed cases of the disease among adults and 17 among children.

In Ontario there have been 42 deaths out of 97 AIDS cases.

Public education

The news conference involving Clayton was sponsored by the AIDS Committee of Toronto during AIDS Awareness Week, declared by Mayor Art Eggleton with the slogan: "Don't get scared, get smart."

The week includes events and seminars designed to educate the public about AIDS, a fatal syndrome believed to be caused by a virus which destroys the body's immunity system.

Clayton said 11 of the 17 children who have died so far were aged 12 months or less, while six

ranged in age from 1 to 15 years, he said.

It is not known why Haitians are susceptible to AIDS, but the incidence is decreasing both in Haiti and among Haitian immigrants in Canada. The AIDS virus is apparently transmitted to fetuses in the womb.

Robert Wallace, a volunteer with the AIDS Committee of Toronto, said yesterday that AIDS is "not just a gay male phenomenon or a male phenomenon." Thirteen women in Canada have caught it and 11 have died.

There's some fear that the next high-risk group for AIDS may be female prostitutes. But so far the antibody to the virus believed to transmit AIDS has not been identified in the blood of prostitutes tested in Vancouver.

Toronto University Study

Ottawa THE CITIZEN in English 19 Jun 85 p A4

[Text]

TORONTO (CP) — Seventy-two of 109 Toronto men who have had sexual contact with AIDS victims are showing signs of the virus.

The 109 homosexual or bisexual men all thought they were healthy last year when they volunteered to take part in a three-year University of Toronto study of acquired immune deficiency syndrome. Sixty-six per cent of the 109 have been diagnosed as carrying the AIDS virus.

"People in this group are indeed showing signs of the virus," said Dr. Colin Soskolne, a university epidemiologist who is heading the ground-breaking research into the disease.

"The findings corroborate our suspicions that we are focusing on a particularly high-risk group," Soskolne said in an interview Tuesday.

He said that for homosexual men who engage in anal inter-

course without wearing condoms, where some tearing of skin tissue occurs, the chances seem good that they'll show evidence of being exposed to the virus.

Within a few years, at least 20 of the 109 can expect to contract AIDS or an AIDS-related condition, he said.

AIDS victims usually die within three years. The virus depresses the immune system and robs the body of its ability to fight off infection.

CANADA

NATIONWIDE STUDY OF JOBS, CANCER DEATH RATES REPORTED

Vancouver THE SUN in English 6 Jun 85 p A9

[Text]

**TORONTO (CP)** — Canadian bartenders and waiters have a much higher-than-average risk of dying from cancer — six or seven times in some cases, a study by the National Cancer Institute of Canada has found.

But the report has good news for carpenters, fishermen, loggers and people who work in grain elevators and general stores — the chances they will die of cancer are significantly lower than average.

Eight years ago, Dr. Geoffrey Howe, an epidemiologist with the cancer institute, and Joan Lindsay, an epidemiologist with Statistics Canada, began tracking the death records of 450,000 Canadian men to see which cancers were showing up in which occupations.

The men in the sample represent about 10 per cent of Canadian men working full-time between 1965 and 1971. By 1979, 40,000 of them had died and the study will continue another 20 to 30 years until all the men in the sample die.

The researchers know nothing about the personal habits of their subjects and thus cannot tell whether smoking or diet have contributed to the cancer.

Labor unions, occupational hygienists and workers' compensation boards have all shown a keen interest in the study, said David Halton, a toxicologist with the Canadian Center for Occupational Health and Safety in Hamilton.

The study found some occupations

carry significantly greater risk of dying from cancer than does the work force in general.

• Bartenders, waiters, painters and paperhangers all have higher risks of dying from cancer of the mouth or throat. For waiters, the risk is more than seven times the average; for bartenders, more than six times. Cancer of the oral cavity is primarily caused by smoking, often combined with alcohol consumption.

• The risk of dying from bladder and urinary organ cancer is almost eight times the workforce average among men who work in retail stores; more than five times the average among service-station attendants; more than twice the average among motor-vehicle mechanics and almost double the average among railway transport workers, owners and managers.

Bladder cancer has been linked to smoking but studies also show it is higher in people exposed to chemicals in the work place.

• Bartenders, bricklayers, stonemasons, tilers, metal fitters and assemblers, messengers, plumbers and pipefitters all have roughly twice the risk of dying from lung cancer as the rest of the labor force. The increase is attributed mainly to smoking but may also be associated with exposure to fumes or dust, Howe said.

● Butchers and meatcutters run more than four times the average risk of dying of cancer of the rectum and the junction between the rectum and colon. It is believed high-fat diets that include dairy products and red meat contribute to this kind of cancer.

● The risk of dying from leukemia and cancer of the lymph system is more than five times higher than average among manufacturers of major electrical and non-electrical appliances; more than three times higher in metal fitters and assemblers; and almost three times higher in canvassers and door-to-door salesmen.

Referring to metal fitters and assemblers, Howe said: "The most likely theory is the oil used in cutting (metal) may contain carcinogens. Straight mineral oils will often contain traces of aromatic hydrocarbons, which potentially could be carcinogenic."

Other known causes of leukemia include radiation and some industrial solvents such as benzene.

● Cooks, truck drivers, telephone and telegraph linemen, metal-work-

ing machine operators and people who work in motor vehicle manufacturing run higher-than-average risks of dying from leukemia and aleukemia. For telegraph linemen, the answer may lie in their regular exposure to electro-magnetic radiation from high-voltage power lines, Howe said.

● Farm laborers and telegraph linemen have more than twice the average chance of being killed by stomach cancer — finding that corresponds with other studies.

Stomach cancer is caused primarily by exposure to nitrosamines in the diet, from highly salted or preserved food that contains high levels of nitrites. Historically, people in rural areas had less access to refrigeration and large cities with fresh food, so they depended more heavily on preserved foods, Howe said.

However, the study has some encouraging news for working men — they have a 20 per-cent lower death rate from all illnesses than the Canadian population as a whole.

CHILE

BRIEFS

DIPHTHERIA OUTBREAK IN ADULTS--Los Angeles--The decision to investigate an epidemic outbreak of diphtheria in the province of Biobio was made after the appearance of 28 cases in adults, according to the Regional Health Department. The 28 cases being investigated in Biobio have occurred during the current year and have affected only adults. Only one of the cases was fatal and involved a child in Quillon. Health authorities indicated that at this time they are calling it an epidemic outbreak, not an epidemic. Specialists are attempting to determine the causes of the problem and to establish the reasons for the appearance of the illness only in adults. [Excerpts] [Santiago EL MERCURIO in Spanish 28 Jun 85 p C-6]

CSO: 5400/2070

CUBA

# CASTRO ON HEALTH AWARD FROM BOLIVIA, ISLAND'S ADVANCES

FL051306 Havana Television Service in Spanish 2222 GMT 3 Jul 85

[Speech by President Fidel Castro at a ceremony held in Havana on 2 July, during which Bolivian Health Minister Javier Torres Goitia presented him with the Health Order--recorded]

[Text] Dear friend Dr Javier Torres Goitia, Bolivian social services and public health minister, dear Bolivian friends, dear comrades: I deeply appreciate your touching, generous, and beautiful words. For many years, almost since the very moment the revolution triumphed, our country has been in a position to cooperate in the health area with many Third World countries. At present our doctors work and render their services in over 25 countries. For this reason I am truly moved and surprised that I am receiving this important decoration, this extraordinary incentive from a country like Bolivia, with which we have cooperated at a very moderate level.

You mentioned three things: The delivery of medicine on the occasion of some natural disasters, the training of medical personnel, and the supply of intensive therapy equipment for the children's hospital in La Paz with the cooperation of several Cuban specialists. This is a very small contribution. We sent several tons of medicine by plane, I do not remember if at that time we also sent food, but we sent what a plane could carry for such a long distance as that between Cuba and Bolivia. I wish we could have been able to contribute more during those difficult times. We also provided training to some Bolivian doctors and nurses for the operation of equipment and intensive care techniques, and we furnished the modest intensive care room in Bolivia.

Of all these activities, I believe the most useful, the one that may turn out to be most important, is the installation of the intensive care equipment because its value cannot be measured in terms of the price of the equipment alone or the magnitude of our small efforts. Instead, I think this must be measured in terms of the value of the idea behind it, to be able to share the experience with Bolivia.

Four years ago, in 1981, our country only had one intensive care room in a pediatric hospital. This was the year we had dengue epidemic -- a strange, mysterious epidemic whose source makes us suspect the worst, because of the way it appeared, by the fact that it did not exist in the Caribbean area, and it did not exist in any of the countries with which we had relations.

The fact is that suddenly we were faced with an aggressive, strong, harmful epidemic. That was when the idea of intensive care units started to develop because of the fact that pediatric hospitals were full with children suffering from hemorrhagic dengue disease.



The children's mothers -- who in our hospital system participate in the children's care -- specialists, nurses, hospital technicians, made great efforts to save the children's lives. I am absolutely convinced that without that extraordinary effort, that epidemic would have taken thousands of lives in our country.

It was also noted that not all medicines were appropriate to treat that illness, which deviated a little from the average, the treatment and diagnosis had to be accurate. Measures were taken to communicate to the entire country the right methods of treating the illness. The epidemic was spreading like wildfire. There were days when around 11,000 cases were reported in a single day. A case came up in a certain province, and a few days later there were hundreds of cases in that province. Under those circumstances, one of the things doctors at hospitals came up with, considering there were different kinds of cases, some serious, others more critical, others less, was to group the children who were in more critical condition in order to provide them with close attention, around the clock. The high-risk cases received more careful attention in those improvised rooms. That was the time when, visiting one of the hospitals, we saw the only intensive care room we had, which did not have individual cubicles for contagious diseases. Dengue cases, which are transmitted through an insect, are not the same as cases such as encephalitis or meningococcic meningitis.

I remember that in that intensive care room there were about four beds, and there was a meningitis case in the same room. We were worried that others could get infected. In reality, if I am going to be more accurate I have to say we had already started to build the first intensive care rooms before we visited that room at the (Borgas) Hospital in Havana. However, we noticed there were no individual cubicles for those cases. After the visit, we revised the projects under construction to include individual cubicles for infectious disease cases. This is how we decided to plan and build intensive care rooms in every pediatric hospital in the country, even in hospitals in some regions, which although not pediatric, offered many services to children, so we also built intensive care rooms, totaling 31 rooms. We began that project with perseverance and urgency. Some of those rooms were built during the epidemic. We requested the help of a group of architects we call field architects, and they designed the plans at the project sites. We requested the efforts of our laborers, who worked with great interest and love, to build those intensive care rooms at maximum speed and some were finished even before the epidemic was over. All this happened during the battle against dengue, which was eradicated in record time if one considers it affected around 300,000 persons; I do not guarantee the amount is correct, but there were around 300,000 persons affected.

First, we had to struggle against the carrier as a means of controlling the epidemic. Even before, we had to adequately treat patients, trying to exterminate the carriers in two ways: killing the adult population and the larvae. We had to import large amounts of chemical products for fumigation. We had to buy large amounts of backpack spray units [mochilas]; we had to bring some from Japan by plane and in adequate amounts. The mosquito population was considerably reduced, and above all, the isolation of patients was decisive.

Since that happened during the months of June, July, and August, we were able to utilize schools, turning them into hospitals. At one point we hospitalized all patients, not only to control carriers, but to keep anyone from transmitting the disease. One day, after 3 or 4 months, the epidemic was eradicated in record time. Type B was eradicated as well as Type A. We were able to eradicate both, and since then we have maintained control of carriers.

A Cuban scientist, Carlos Finlay, was the one who discovered that that carrier is the same as that of yellow fever. He knew its habits perfectly well. That scientific discovery was an extraordinary contribution to the fight against yellow fever. However, efforts were made to deprive that outstanding Cuban of his glory. Efforts were made to give an American doctor -- who simply because he was an American and due to the American intervention in our country was able to learn about Finlay's research -- credit for discovering that carrier. That Cuban scientist's discovery tremendously helped to improve sanitary conditions in our hemisphere.

Now that I mention Finlay, I think Finlay would have really deserved an order like this one for his contribution to our country's health and in our hemisphere.

However, as I said, we were able to eradicate the disease in record time. I think we were able to save the lives of thousands of people with the right kind of treatment. As a result of that, we got the idea of intensive care units in pediatric hospitals. This is why today we have 31 intensive care rooms.

I remember the latest statistic was received around November when a pediatric congress was held in our country. I was informed that in less than 2 years -- because some were finished right away and others after the epidemic was over, with several million dollars spent to equip them -- up to last November, around 14,000 children had been at these intensive care rooms and 93 percent had been able to survive. What would have been the survival rate without those intensive care rooms? Maybe 85, 80, 75 percent. But consider that 10 percent of 14,000 is 1,400 children. Only the idea that we may have saved the lives of 1,400 began to ease the pain of the 100 children and 50 adults who died during the epidemic, especially the lost lives of those 100 children. We were comforted by the fact that we had turned that misfortune around, that probable attack, that probable biologic aggression against our country into a strengthening of our health system. This was demonstrated by the fact that maybe before the 2 years of intensive care programs were started, 10 lives were saved for each of the ones lost during the epidemic. We have visited the intensive care room in operation and realize how many of those children would not be saved without those services, because sometimes a respiratory arrest, if not interrupted so oxygen can be provided to the child, can kill him in a matter of minutes.

Neither doctors nor medication can do anything at all. Cardiac arrests, various problems, and severe traumas, as not only ill children go there but also those involved in accidents. We realized the importance of those wards, saw the exquisite and special attention given in these hospitals, and reached the conclusion that these institutions were very important for the health area. I have often thought that it is regrettable that the experience we have accumulated here has not extended throughout Latin America and other Third World countries where, no doubt, it would help save many lives. It is more than just saving lives: The idea that those intensive therapy wards exist give peace of mind to any family, uncle, grandfather, or brother, knowing that their children -- and each child has many relatives -- can be rendered services that are just as good as those of the Mayo Clinic, which I usually cite as an example because I hear it mentioned often, and it is a famous clinic. However, we are very pleased -- as are Cuban families because this gives them great peace of mind -- to know that in the event of any grave case of this type anywhere in our country the children would receive, free of charge, attention similar to that they would receive in the Mayo Clinic, if not better. Perhaps the attention received is even better because those clinics are mercantilistic while our pediatric hospitals are not, and our doctors and nurses dedicate themselves to this activity with a fervor that no human being is capable of mustering for any amount of money. As we were saying, it would be truly beneficial and useful, and it would save many lives, if this experience could be taken to other places.

So when Bolivians themselves, their minister, and the Bolivian doctors who became familiar with this type of experience became interested in it and told us about their desire to have an intensive therapy ward -- we ourselves cannot even claim any merit for the initiative, as the idea came from Bolivians themselves -- we immediately approved the idea of helping them install this facility. From a spiritual standpoint, this was a source of great satisfaction for us, the fact that that idea could be useful to other countries.

So, more than our doing something for Bolivia regarding our intensive therapy experience, it was Bolivia that did something for us when it allowed us to take our experience there. I can say that those who planned that small ward did so with great love. Something special motivated them to carry out that work in Bolivia: perhaps ideas about it being a Third World country, a Latin American country, a country faced with many economic difficulties and social problems, a friendly country that had reestablished relations with our country, a nation whose people have for a long time been highly esteemed by our people.

I remember, for instance, the sad and painful days when the 10 March coup was staged. A few days later there was a rebellion, an insurrection in Bolivia, and a revolution triumphed there. This was in 1952, if I am not mistaken. The revolution occurred on the same year the coup, it followed it, and that development, that victory by the people, imbued all of us and our people with great enthusiasm and with the idea that someday our own people might also be able to destroy the tyranny. So you transmitted to us very valuable and decisive ideas, which perhaps can be compared with our now transmitting to you both in experience and ideas.

As I was saying earlier, those charged with this project worked with special feelings of affection for Bolivia. Our doctors took great pains in training the personnel. Our diplomatic representative also took great interest in that work, constantly sending news about it. I received several videocassettes on how work was progressing, how bricks were being laid one by one. We were kept informed as that ward was built. The planners, the technicians, and the doctors all worked with great affection. Above all, if there is any merit to this, it is that they worked unselfishly and with great enthusiasm.

How far it was from our minds in those days to think that we would gather here tonight for this touching ceremony to receive this decoration that I accept on behalf of all those who participated in this idea -- planners, doctors, those who passed on their intensive therapy knowledge to Bolivian doctors. This decoration is also yours because you were the ones who came up with the idea that we could cooperate in this manner with the Bolivian people.

I wish this experience could be taken to other places someday, to other pediatric hospitals in Bolivia. I assure you we would be willing to train all the personnel you might need, even though you yourselves can partly train others with the personnel you already have. However, we would gladly help train all the personnel you might need for further intensive therapy. Let us hope that in the future we can also help build a second intensive therapy ward, as I believe that the importance of that ward is for it to serve as an example for other Bolivian hospitals. If the capital already has a ward of this type, it would be advisable, I think, for the second leading city which surely must have also a public pediatric hospital, to have one of these wards so the experience can be disseminated. I think this would also have an influence on other countries. I am sure that many visitors, many doctors visiting in La Paz will be taken to that ward, and that will give them ideas. I think it would be ideal if someday all Latin American pediatric hospitals could have intensive therapy wards like Cuba has. We are willing to help train personnel for a program of this kind, perhaps with the cooperation of the various international organizations, as it must be perfectly understood that our resources are very limited. Although we would not be able to make too big a financial contribution we could help train personnel and share our experience.



There is nothing we would like more than to see similar wards someday in other Bolivian hospitals, and to see Bolivia become, after Cuba, the second country with an intensive therapy system for children.

You mentioned the efforts, the resources, and the cooperation received. At a recent orthopedics congress we said that health is one of the most economically profitable things.

What I meant is that it is an area where much can be done with very few resources. You can't imagine how incredibly inexpensive health services can be. For instance, if we make use of Cuba's experience, the cost of medication in convertible foreign currency could be reduced by 20 percent.

We are among the countries with a high health index -- we undoubtedly hold the first place among all Third World countries and rank above several industrialized countries -- yet health is not one of our country's costliest activities. I explained that education costs twice as much as the health services, and although we are not extremely economy-oriented or too interested in saving, our country's current health expenditures total the equivalent of \$600 million. We spend pesos, but we speak of dollars so we can understand each other, as one no longer knows what a peso is in this hemisphere, but one more or less knows what a dollar is and what it is good for. Naturally, I am not talking in terms of foreign exchange, as most of these expenses we pay in our currency, and we use medication manufactured here in Cuba by Cuban doctors and specialists, and use a minimum of our convertible foreign exchange.

In the past, these expenses did not exceed \$40 million but now we are spending slightly more. However, I have estimated how much this medicine would cost at the prices of medicine prior to the revolution. To put it another way: We give our people medicine at half the price it cost 26 years ago. That medicine must cost much more today. For instance, an aspirin costs a small fraction of a cent, yet sometimes it was sold for 10 cents to the people. According to some of my estimates, people today would have to pay about \$1.2 billion for the medication they receive. Some of this medication we have to buy, some we buy in the socialist bloc, others in the West, but mostly we bring in raw materials and that way the cost of our medication is really inexpensive for our country, if one considers the health levels achieved. As I was reminding Comrade Machadito [Politburo Member Jose Ramon Machado Ventura] at a meeting, when this program began in 1959, we spent 20 million; now we are spending 600 million [currency not specified], that is, 30 times more. Naturally, this includes all our preventive programs and nursing homes. The expenses mentioned are not just for medication, but they are still paid for by our country's Public Health Ministry.

At the same orthopedics meeting, it was mentioned that one-third of what is currently spent on weapons -- and one-third is equivalent to about \$333 billion -- could be distributed among 333 countries so that each one could receive \$1 billion. Since there are only about 160 countries in the United Nations -- I think there are 158 countries, including very small islands -- twice as many countries as currently exist could receive \$1 billion per year or one-third the amount spent on weapons. Therefore, one-third is twice as much as is needed to resolve all of these Third World problems. However, if given half, one-third of what is spent in weapons is equivalent to four times the amount needed for each Third World country, including India, which is among the largest Third World countries, could have the health programs and health levels that Cuba has. [sentence as heard]

Now, as you very clearly indicated, it is not merely a matter of economic resources. No, no, no, human resources are decisive elements, as are the policies, the willingness to give health to the people, the level of awareness of the doctors and personnel work-

ing in the health area. All of this is decisive. The people's participation in any health program is also decisive. This is why I fully agree with the idea of establishing people's health committees, as this is merely the implementation of the principle of rank and file participation in the health programs. This is decisive. We could not have our current health index without very active participation by the masses and the Committee for the Defense of the Revolution, the latter being the equivalent of the People's Health Committees, the Federation of Cuban Women, the peasant associations, and the workers organizations.

All the mass organizations here fight for health and that costs nothing. A popular and democratic political process can do much in the area of health without any money. That is a fact: without money. Like we did, for instance, in the area of education at the beginning of the revolution, when 100,000 students were mobilized to participate in a literacy campaign to eradicate illiteracy in 1 year. How much did that cost? That cost nothing, except for the students' uniforms and transportation fees. They went to the peasants' houses and lived with them.

For instance, if it were possible to mobilize Bolivian students, those thousands of students you have in the schools of medicine, they, too, could help. I am sure they would be enthusiastic about these health programs and might help greatly, dedicating part of their vacations to this project. If there are many doctors, they could be used part of the year or as part of their training they could be asked to participate in health programs. You told me that you have about 4,000 doctors and that you graduate about 700 doctors every year. That is a treasure, a big treasure. We had 6,000 doctors, but the Yankees took 3,000 away. We accepted the challenge and now have 20,500 until July or August, when we will graduate over 2,400 new doctors. After 1988, we will graduate 3,000 per year, and after 1990 3,500 per year. A few minutes ago, while chatting before this ceremony began, I told you that the family doctors' institution, in which you expressed great interest, is another idea with a great future. We will employ 20,000 doctors in this area during the next 15 years. Within the next 14 years, or perhaps sooner, every family in this country will have its own doctor in addition to the entire hospital network and the special hospitals like the clinical-surgical centers, etc. I think this is another idea that will prevail in the future: the idea of a family doctor, not like those in a capitalist society, but a family doctor practicing socialist medicine.

I had the satisfaction of hearing you express an interest in this contribution by our country to the medical field. We are working in many fields. We are conducting medical research, and have a group at a medical research center. We have also prepared programs to develop 35 special surgical clinics. They will advance quickly, with each of them receiving special attention so the ones most advanced and those lagging behind will move ahead evenly toward higher levels in each of their special fields. We have completed a new program for the schools of medicine and to that end have gathered the best experiences from the most advanced countries in the medical area. We have gathered all that experience, have summed it up and in September we will begin implementing the new program. We are also conducting research in connection with audiovisual and other methods and resources that might help train medical students more efficiently.

So we will graduate thousands of doctors in the next few years, doctors with increasingly better preparation. We select them among students with vocation, with good records, the ones who truly have the souls of doctors. We select them among our many youths. (Those selected) have been organized into a special detachment, where they even have a special code of conduct. We are more demanding with the discipline and conduct of medical students than with those in any other professional field. They are imbued with that spirit, with that desire to cooperate.

You mentioned vaccines, and it was very interesting for me to hear about your efforts in the struggle against malaria. Perhaps some efficient vaccine against malaria will be manufactured in the future, as sometimes it is not easy to eliminate the mosquito. We hope that through genetic engineering it will be possible to prepare a vaccine against malaria, an inexpensive vaccine against viral hepatitis, which causes so many problems, and several other vaccines. We hope it will also be possible to manufacture a vaccine against meningococcal meningitis. We think that through genetic engineering many new vaccines will be made against those strains for which no vaccines presently exist.

We are already working in the area of genetic engineering. We are building a new research plant, which will be very well equipped, and we are already training personnel. That genetic engineering and biotechnology research center will help us not only manufacture medicine, but will help us in many other areas, like increasing agricultural yields and producing food. These are essential areas if one wants the people to have good health, as it is a known fact that lack of food causes malnutrition. An individual cannot even develop normally, either physically or mentally, under such circumstances. Genetic engineering will contribute to this field. In the future we will be able to increase our vaccine production with the new factory we are currently constructing and with new methods and technology for the manufacture of vaccines based on genetic engineering. I think that in this field, which is also related to medicine, we can cooperate with the Third World countries. The foreign students in that genetic engineering center can help in the medical field.

We are also trying to develop the field of biochemistry and the pharmaceutical industry. Today there are procedures for developing new molecules, not only the ones already in existence in nature, but new ones, suitable for blocking the effects of a virus or a given toxin. There are many possibilities in this area and medicine is being revolutionized at a quick pace, faster than ever before.

I have told you that we are trying to remain up to date as regards new medical equipment and technology. We are, however, aware of the fact that man was, is, and will continue to be the fundamental element. I would recommend that special attention be given to medical students and that efforts be made to instill into them an awareness of the importance of their activities.

In all these fields we have mentioned we are willing to share our knowledge and experience with the Bolivian or any other Latin American or Third World peoples, by training their doctors and using our experience with audiovisual methods because the Third World must really train millions of doctors.

Of course, our Latin American universities have graduated many doctors, most of whom are concentrated in the capitals. They are human resources, but are not being well used. Unfortunately, many migrate, and many of the best ones are lured away by the wealthy and industrialized societies, especially the United States. If you have about 4,000 graduated doctors, you have about 1 doctor per 1,500 or 1,600 doctors [as heard]. This average is not the important thing, but how these doctors are distributed. That is the fundamental thing. There is a similar situation with health figures and averages, how they are distributed among cities and rural areas. Figures alone do not indicate everything. We now have schools of medicine in all the provinces, including the smaller ones. We have taken medical teaching to all hospitals. I believe this is another new step. For instance, a rural hospital may train obstetrics, pediatrics, and internal medicine specialists, which are the areas most needed there. A good specialist may be the professor of those doctors, as we have turned many specialists into professors. So, a set of measures has been implemented in this area, which for our country represent a revolution. Results will be viewed in the future rather than at present.



All our advances in the medical field may be very useful for Latin America, with whose sanitary conditions we are already familiar. We know of zones in certain countries, where 200 children die in their first year for every 1,000 born alive. We know of countries [words indistinct] about 100 for every 1,000 that records of all who die under these conditions are really kept in places where there are no communications, births are not even recorded. Latin America's sanitary situation is truly horrible as a rule, except for certain exceptions that are slightly better. However, hundreds of millions of people live under terrible sanitary conditions. There are hundreds more living under terrible conditions of malnutrition.

The numbers are simply frightening, considering that in addition we are asked to pay \$360 billion in debt, and interests alone total \$400 billion over a period of 10 years. Really, this looks like a contradiction, a paradox, an absurdity.

We have been talking about all these problems, the economic problems, the sanitary problems. We know that these circumstances are very tragic and we really harbor the hope that someday our peoples, the Latin American peoples, will be able to do what we are doing in the health area, just as we hope that they will also be able to do it in the educational area.

The possibilities do exist, and I think that the most elemental duty of any politician -- be he right, left, or center -- is to take care of the public health, because otherwise he is not even a politician. He would not be realizing that this is what people appreciate the most. A good politician, regardless of his ideology, should concern himself with public health and do something about it. However, a right-wing politician with caveman like ideas, would not try to do for the public health what we are doing. He probably thinks that business and industry must prosper even if people die. We always prefer to save people, and treat them well, rather than to have business prosper.

We do try to have prosperous businesses but, above all, we seek to place business at the people's service and make them benefit the people. However, even a right-wing politician, a reactionary, if he is a good politician and wants to obtain votes in an election, should concern himself with the people's health. I am truly amazed, and I say this frankly, at how little Latin American politicians usually concern themselves with the public health.

This is why at today's event, the thing I have appreciated the most is the love, interest, and awareness that you, as Bolivia's minister of social services and public health, have demonstrated and expressed through your words. This can be expressed only by someone who truly feels deep vocation and love, someone deeply aware of the existing sanitary problems, the good that can be done through health programs, the mourning that the community can avoid, the happiness and well being that can be guaranteed to the people and, above all, the security they can be given. The most important thing about a health program is that it gives security to families and mothers, to all without exception. One may be an uncle, a father, brother, grandfather, or grandmother, but they all have to do with a child's health. It is even better if total security is granted to the entire family, which then knows that any of its members can receive the best health service and their health is guaranteed. This is what we have fought for, what we have to a great extent achieved. We are sure we will continue to achieve this in increasing levels in the coming years.

Believe me, this simple tribute, and I say simple because of the way in which this ceremony has been held; this great honor moves me, and I am absolutely sure our entire people will be moved by this action over the simple things we have done for Bolivian health. Let us hope that in the future we will have the chance to do much more. Let us hope that in the future we will be able to say that with time, with the passing years, and with our cooperation, our people have earned this tribute.

In the meantime, I reiterate to you our solidarity and our willingness to cooperate with Bolivia's health programs as much as possible. I express my deepest gratitude and beg you to convey this gratitude to our dear and distinguished friend, President Siles Zuazo and especially to the Bolivian people. [applause]

CSO: 5400/2072

**GAMBIA**

**BRIEFS**

**CHOLERA OUTBREAK**—Banjul, Wednesday—Four cholera victims have been admitted to hospital in the Gambian town of Serrekunda, some 10 kms from the capital Banjul, it was announced here today. A statement by the West African state's health authorities said no death had so far occurred from the disease but asked the public to report all cases of severe diarrhoea. It advised Gambians to avoid eating uncooked food and to boil water and take other basic sanitary precautions. [Text] [Nairobi THE KENYA TIMES in English 13 Jun 85 p 9]

CSO: 5400/160

GUYANA

FOREIGN ASSISTANCE UTILIZED IN VARIOUS HEALTH FIELDS

Anti-Malaria Vehicles

Georgetown GUYANA CHRONICLE in English 31 May 85 p 3

[Text]

THREE jeeps with a quantity of spare parts were handed over to the Ministry of Health as a gift from the Canadian International Development Agency on Wednesday.

The vehicles are to be used for the Malaria Eradication Programme in the Rupununi region.

In accepting the gift (picture at right) from Canadian High Commissioner to Guyana John MacLachlan,

Minister of Health and Public Welfare, Dr. Richard Van West-Charles thanked the Canadian officials for co-operating in the Health programme.

He also expressed the hope for continuing co-operation in this area and added that health is an important prerequisite for development. And, in giving a background to CIDA's assistance for the programme, Dr. Michael Nathan, PAHO

consultant of the Vector Control Project spoke of the logistical difficulties involved in fighting malaria in the Rupununi.

He said it was because of the problem of visiting the scattered settlements in the area that emphasis has been given on the provision of vehicles.

The vehicles were purchased from neighbouring Brazil.

(GNA)

DPRK Health Team

Georgetown NEW NATION in English 2 Jun 85 p 5

[Text]

A TWO-MAN team from the Democratic People's Republic of Korea is here for an extended period working along with the Guyana Pharmaceutical Corporation and the Institute of Applied Science and Technology in developing medicines from local weeds and herbs to be used in the medical field.

The two DPRK technicians are part of a group of 10 medical practitioners who are on work assignments at the Georgetown Hospital giving support to the corps of medical technicians there.

According to a member of the DPRK team, during the visit of Leader of the People's National Congress Cde Forbes Burnham to Korea in 1983, agreement was reached on strengthening of the medical field with attachments of technicians from that country.

It is understood that the technicians attached to GPC and the Institute of Applied Science and Technology (IAST) have identified a number of weeds and herbs which have the potential for development and by year-

end.. initial batches of approved drugs will be distributed nationwide.

No specific details about the drugs to be developed have been given but indications are that preparatory works for the launching of more than one product are far advanced.

The medical workers attached to the Georgetown Hospital are specialists in acupuncture and acupress and they hold clinics three

days a week. On any given clinic day an average of 30 patients are treated.

One construction worker from Leguan who is a patient of the acupuncture clinic declared that he was impotent and had spent thousands of dollars running from doctor to doctor trying to cure his impediment. The worker claimed that since he joined the acupuncture clinic, "results are positive" and he is well on the way to returning to a normal life.

### Barter-Agreement With Cuba

Georgetown GUYANA CHRONICLE in English 3 Jun 85 pp 1, 3

[Article by George Barclay]

[Excerpts]

**PHARMACEUTICAL** products and other medical equipment which Guyana would have been forced to go without because of scarce foreign exchange can now be obtained through barter arrangements, resulting from the friendly relationship between this country and countries like Cuba.

This was disclosed yesterday during the opening of a three-day exhibition at the Pegasus Hotel, of pharmaceutical products and medical equipment, by the Cuban firm - Medicuba Enterprises (Havana).

Health Minister Dr. Richard Van West-Charles, who declared the exhibition open, told about plans to achieve Health for all in Guyana by the year 2000.

The Minister also predicted that it will not be long before the Guyana Pharmaceutical Corporation becomes self-reliant in essential drugs.

The Executive Chairman of GPC, Cde Wilfred "Gusdo" Lee, said that the objective of the Medicuba presentation is two-fold. Primarily, it is a marketing strategy but underlying that objective it aims at fostering economic co-operation, goodwill, and the advancement of peaceful co-existence between Guyana and Cuba.

Dr. Marcelo Marcat, Technical Adviser of Medicuba Enterprises, in referring to the exhibits said: "We are presenting here from

a single wheel-chair to a portable electrocardiograph with an advanced technology.

Besides, we are showing samples of human and veterinary drugs, pharmaceutical raw materials, optical frames, orthopaedic prosthesis, medical instruments, and medical laboratory equipment."

According to him, the Cuban pharmaceutical industry produces more than 900 different drugs among other things.

HONG KONG

CANCER OF ESOPHAGUS 'EPIDEMIC' IN HONG KONG

Hong Kong SOUTH CHINA MORNING POST in English 17 Jun 85 p 4

[Article by Ray Miller]

[Text]

THE world cancer map is as varied as any geographical one, with some cancers far more prevalent in certain countries than others.

This variation is highlighted in parts of northern China and, to a lesser degree, Hong Kong.

In Yancheng, Hubei and Linxian, cancer of the oesophagus, or gullet, is the biggest single cause of death. It is regarded as an epidemic and its victims even include goats and chickens.

In these areas the incidence rate is greater than 100 people per 100,000 of the population — which is more than 20 times higher than in other parts of the world.

In Hong Kong the figures are two to three times higher than the world average, but epidemic proportions are reached again in South Africa's Transkei and in the Caspian littoral in Iran.

Queen Mary Hospital in Hong Kong has the unenviable distinction of having dealt with one of the largest numbers of patients in the world suffering with this type of cancer — a staggering 2,500 in the past 20 years. There are currently about 150 new patients a year.

So skilled and familiar have surgeons here become in dealing with the condition that they perform the technically difficult and complex operation in around three hours, compared with the six to seven hours in Europe.

In Hong Kong carcinoma of the oesophagus is the fourth most common cancer. But out of the total number of patients over the past 20 years period only a mere dozen have been from the professional classes.

The vast bulk are working class people, aged on average around 60 and with men outnumbering women four to one.

The cancer arises through multiple factors, ranging from lack of minerals in the soil to eating patterns — all aggravated by smoking and drinking. Nearly all the Hong Kong patients are smokers and drinkers.

All cancers are malignant but cancer of the oesophagus is perhaps more so than most. Patients literally cannot swallow because the cancer blocks the tube leading to their stomach.

When still, they cannot eat and as the cancer gets worse are obliged to replace solid food with liquids. Eventually they die from starvation.

Because it has dealt with such a large number of patients, Hong Kong is now firmly established as a world leader in treatment for this type of cancer.

The department of surgery at the University of Hong Kong, now headed by Professor John Wong, has developed several innovative techniques over the years.

Because the condition is so widespread in northern China, and because social conditions are favourable, the Government has had large sections of the population screened.

If the cancer can be detected at a very early stage the mortality rate after surgery is less than five per cent and the survival rate over a five-year period 85 per cent.

But compulsory screening of large numbers of people for early detection is not feasible for Hong Kong.

And because cancer of the oesophagus does not become apparent and produces no symptoms until it is well advanced, most patients here are in poor condition when the cancer is diagnosed.

That is why the approach of Prof Wong and his department can only be a palliative for most patients.



He said: "We hope to be able to cure but unfortunately that is only for the very lucky few. To die from a complete inability to swallow even one's own saliva is a miserable exit, especially for the man whose life has already been a hard one."

The average delay from the first symptom to hospital referral is a mere three to four months.

Many people hope the difficulty in swallowing will simply go away but by the time they seek medical advice, weight loss combined with malnutrition and pulmonary complications will probably have arisen.

Once in hospital the main object of treatment is to restore the patient's ability to swallow and to eat as naturally as possible.

There are three main courses of treatment — surgery to remove the tumour, radiotherapy and a procedure known as intubation, where a tube is literally forced through the tumour to restore a passageway.

Among new surgical procedures which have been developed in Hongkong, and which have been adopted by other countries such as Japan, are those for operating at different levels of the 25 cm long oesophagus, which stretches from the Adam's apple to the pit of the stomach.

Surgery offers the best chances of cure but also carries the highest risk. Removal of the tumour is followed by a technique called anastomosis — where the gullet and some part of the gastro-intestinal tract are joined again, either by hand or by a highly refined stapling device which literally staples them together.

Mortality rates from the operation have been reduced from around 40 per cent to 15 per cent over the years and patients can usually expect to live about one year to 18 months after the operation.

Where the condition is advanced and patients possibly too weak for surgery, intubation gives around four to six months of life and the probability of dying comfortably.

Added Prof Wang: "People's philosophy about operations is largely dictated by culture but even so we find Chinese patients ask for the operation, despite the high risks, because they know they will die if they don't eat. The number who refuse is less than one in 10."

More recently the university surgery department has been trying to reduce mortality by refining its procedures and identifying the risk factors of surgery.

The two most common causes of death in the past have been leakages from the connected sections of gullet, and bronchial pneumonia.

Technical problems have been virtually eliminated and leakages reduced from over 30 per cent to a mere five. But because so many patients are old and chronic smokers, pneumonia remains an unresolved problem.

More research is also being carried out with the department of pathology. It is aimed at seeing if post-operative treatment needed to have been quite so extensive.

INDIA

LETHIARISIS REPORTED, DENIED IN RANCHI VILLAGE

Correspondent's Report

Calcutta THE STATESMAN in English 8 Jun 85 p 9

[Text] Ranchi, June 7--Hardly 30 km from here is a village called Bara Agari near the Chutupalu forest range. People living here die young. The killer disease is called lethiarsis.

There has been no attempt by the Government to diagnose the disease and treat the villagers.

Bara Agari is in Ormanjhi block of Ranchi district and is inhabited by the Bedia tribe. Its population has dwindled to 200, including children. There is no road in the village; one has to trek a distance of two kilometres to reach the area.

This correspondent visited the village yesterday. Phulchand and Somra, in their late thirties, can walk only with the help of a stick. They have been suffering for the last 10 years without any treatment.

Naipal died a fortnight ago. Most of the victims are below 40.

Irbal Bedia, who lost his father 18 years ago, said that every year five to eight Bedias die of the disease. More than 100 people have died over the past 25 years.

According to Dr Siddhartha Mukherjee, who visited the village last week, the disease can lead to paralysis of the lower limbs and the patient dies if left untreated. Large-scale malnutrition among children is primarily responsible for the disease.

# Health Department's Denial

Calcutta THE TELEGRAPH in English 9 Jun 85 p 4

[Article by Uttam Sengupta]

[Text]

Ranchi, June 8: Officials of the Bihar health department have denied the existence of any mysterious disease afflicting the Bedia tribe in a village 20 km from here, though the controversy still persists with the death last Friday of the latest victim.

There was no consensus of medical opinion on the issue and the disease had been variously diagnosed as lethyrism—caused by the consumption of kesari dal—poliomyelitis and bone TB. The symptoms, however, have been the same.

The villagers claimed the disease affected Bedia men in their twenties, and the initial symptom in some cases was burning sensation in the testes. Gradually the lower limbs dried up making movement difficult and eventually they died.

The neighbouring villages believe the village of Badka Gagari to be cursed where no male survives beyond 40.

Tirathnath Bedia of Gagari told The Telegraph that it appeared to him the Bedias would soon be wiped out from the village.

The civil surgeon of Ranchi, however, told this correspon-

dent that a team of doctors from the Indian Medical Association and the state health department had examined the villagers and found no mystery whatsoever. No single disease in the village, he said, had resulted in the paralysis of the lower limbs and reiterated that lathyrism was one of the major causes of the ailment.

He had no explanation, however, to the question why in that case the neighbouring villages seemed free of the disease. The villagers moreover claimed that they had stopped taking kesari dal at least a decade ago.

The civil surgeon did have an explanation for the abnormally high death rate in the village caused by this disease. Starvation and malnutrition were the actual cause of death, he felt, since paralysis of the limbs rendered them incapable of physical work and thus of earning their livelihood.

While the state government had launched a special drive to give polio drops to children of the area, social workers here are far from satisfied at the steps taken by the state government so far. Some of them, it is learnt, are contemplating moving the high court for appropriate directives.

CSO: 5450/0221

INDIA

EYE DISEASE INCIDENCE ON INCREASE IN RAJASTHAN

Bombay THE TIMES OF INDIA in English 3 Jun 85 p 17

[Text] JAIPUR, June 2--THE incidence of cataract, trachoma and corneal blindness is on the increase in Rajasthan. This is attributed partly to the climatic and geographical features like hot and sandy winds, scattered population and scanty rain and partly to inadequate eyecare facilities.

According to an estimate, nearly 500,000 people in the state are blind, of whom some 10,000 suffer from corneal blindness. Though 50 per cent of those afflicted with corneal blindness can be cured, non-availability of corneas comes in the way of their treatment.

Curiously, though the keratoplasty operations and eye banks were begun in the local S. M. S. Hospital about 20 years ago, the number of keratoplasty operations performed annually has remained around 50. This has been made possible due to Dhoka village in Gujarat from where the eye banks have been getting corneas.

Lack of awareness among people has contributed to the low level of donors, though the Eye Bank Act passed by the state assembly last year permits the surgeon to remove the eyes of a dead person.

Causes of Blindness

Eye specialists say the main causes of blindness in Rajasthan are cataract (55 per cent), trachoma (15 per cent), malnutrition (seven per cent) and infection and others (23 per cent). About 85,000 people are afflicted with cataract every year, while as per the norms laid down by the state and Central governments, 75,000 cataract operations should be performed annually. However, between 60,000 and 70,000 cataract operations are performed resulting in an increasing backlog.

Trachoma is more prevalent in the arid regions of the state. A survey carried out in seven villages in Jaisalmer district showed clinical signs of trachoma in 59.60 per cent of the people and active trachoma in 1.20 per cent. Entropion was observed in 3.13 per cent cases and trichiasis in 1.07 per cent.

The common eye diseases in the arid zone, the survey found, were apart from trachoma, mucopurulent conjunctivities, corneal ulcers, opacity and blepharitis. Poverty, illiteracy and climatic conditions coupled with the ignorance of the people are largely responsible for these diseases.

Prof. R. G. Sharma, president, Rajasthan ophthalmological society, says the fight against corneal blindness will be launched with renewed vigour since the number of years lost due to corneal blindness are five times those lost due to other eye diseases, particularly cataract which occurs in older persons.

Stressing the need for creating awareness in the people about the need to donate eyes, Dr. Sharma pleads for a mobile ophthalmic unit for each district.

Dr. Sharma says the mobile camps in the state have the benefit of the services of specialists working in medical colleges but to make these camps more successful, better operation techniques with follow-up programmes to avoid post-operative complications, are needed. These camps should also have the co-ordinated services of specialists, paramedical staff, social and voluntary bodies.

CSO: 5450/0219

INDIA

BRIEFS

RARE EYE DISEASE--(UNI from Indore): Several cases of a rare eye disease which can lead to total blindness were reported in various hospitals of Indore last month. The symptoms of the disease, known as central serious retinopathy (CSR), are sudden growth of macular oedema and swelling of the retina which can result in a permanent loss of vision. [Text] [Bombay THE TIMES OF INDIA in English 4 Jun 85 p 17]

CSO: 5450/0220



INDONESIA

GASTROENTERITIS IN WEST NUSATENGARA DECREASING

Jakarta ANTARA NEWS BULLETIN in English 15 Jun 85 p A5

[Text]

Mataram, June 15 (ANTARA).-- A total of 397 people die of gastroenteritis in West Nusa Tenggara (NTB) during the five-year development plan, 1979-1984 (Pelita III), out of a number of 24,996 people who suffered from the disease.

The head of the representative office of the medical service in the province, dr. R. Suhadi said Friday that the number represented a sharp decrease annually.

In the first year of Pelita III (1979/1980), a total of 6,137 people were affected by diarrhoea/gastrinteritis - suspected cholera, of the number 121 people died or 1.97 percent in 1980/81 there were 8,107 people suffered from the disease, of whom 115 died or 1.42 percent.

About 62 people died out of 3,163 people suffered from gastroenteritis in 1981/82, or 1.92 percent. In 1982/83, 73 died out of 4,689 people affected by the disease and in the last year of Pelita III (1983/84), about 26 died or 0.8 percent out of a total of 2,900 people.

1984/85

In 1984/85 the first year of Pelita IV, the number of people affected by the disease is very small, namely 468 people. of whom only 4 people died or 0.85 percent, according to dr. Suhadi.

The decrease of the number of people affected by the disease is due to the increasing number of medical facilities, public medical centers and the available of clean water facilities in the province, he stated.

The province also has developed 32 public medical centers specially set up to eradicate diarrhoea, dr. Suhadi added.

CSO: 5400/4404

INDONESIA

BRIEFS

CHOLERA IN SOUTH SUMATRA--Palembang, July 1 (ANTARA).--No less than 33 people have died of cholera in South Sumatra out of more than 500 victims of the disease, reports received by ANTARA revealed Saturday. In Belitung regency 11 people died and in Muara Enim regency 21 deaths were reported. Assistant to South Sumatra regional secretary Drs. H. M. Kafrawi Rahim Saturday acknowledged the case but gave no details of the regions attacked by the disease. Cholera has been attacking the province in the last two months, May and June, particularly regions lacking in clean water and suffering from a draught. [Text] [Jakarta ANTARA NEWS BULLETIN in English 30 Jun 85 p A3]

GASTROENTERITIS IN WEST JAVA--Tasikmalaya, June 29 (ANTARA).--People in Ciangsana and Cilumbu villages, south Tasikmalaya, West Java, are once again stricken by gastroenteritis. A total of 97 local villagers were reported to suffer from the gastroenteritis, including four who died on their way to the local public health centre. To prevent the disease from spreading, the local health service has immunized some 500 people in the two villages. Those suspected of suffering from gastroenteritis have been given medical treatment. [Text] [Jakarta ANTARA NEWS BULLETIN in English 30 Jun 85 p A4]

CSO: 5400/4405

MALI

BRIEFS

HEALTH MINISTER SAYS CHOLERA ENDEMIC--Bamako, 7 Jul (AFP)--Cholera is becoming endemic throughout Mali, Health Minister Mamadou Dembele told the diplomatic corps here Saturday. Appealing for international help, he said that in the year since last July, when the disease was first reported near the border with Niger, there had been 3,939 cases, 859 of them fatal. The spread of the epidemic was being aided by large population movements caused by serious drought, he said.  
/Text/ /Paris AFP in English 0713 GMT 7 Jul 85/

CSO: 5400/165

PEOPLE'S REPUBLIC OF CHINA

VIRAL HEPATITIS A IN KINDERGARTENS, NURSERIES INVESTIGATED

Beijing ZHONGHUA YIXUE ZAZHI [NATIONAL MEDICAL JOURNAL OF CHINA] in Chinese  
No 3, 15 Mar 85 pp 148-150, 190

[Article by Xu Dezhong [1776 1795 1813], Epidemiology Teaching and Research  
Section, Fourth Military Medical College, PLA: "An Epidemiologic Investigation  
of Viral Hepatitis A in Kindergartens and Nurseries"]

[Summary] The results of a sero-epidemiological investigation of a few viral  
hepatitis A outbreaks in four kindergartens and nurseries in Xi'an from  
September 1981 to November 1982 are reported in this paper. The attack rate  
was 14.1-44.4 percent. The ratio of icteric to anicteric infection varied  
from 1:0.27 to 1:3.0. The results of detection of anti-HAV IgM in the children  
among whom the hepatitis A outbreak occurred showed that the ratio of clinical  
cases to nonapparent infection was 1:1.4. Close contact with the principal  
mode of transmission in these outbreaks. The epidemic probably occurred  
when individuals with serum anti-HAV reached 30-57 percent of the population,  
and this proportion became 80-91 percent after the epidemic.

9717

CSO: 5400/4147

PEOPLE'S REPUBLIC OF CHINA

MEAT PACKING PLANT CONTAMINATION SURVEYED

Beijing ZHONGHUA YUFANG YIXUE ZAZHI [CHINESE JOURNAL OF PREVENTIVE MEDICINE]  
in Chinese No 2, 25 Mar 85 pp 88-89

[Article by Xiang Li [7309 5461] and Li Yijun [2621 0001 6511], Public  
Health Station of Beijing: "Salmonella Contamination Survey of Beijing Union  
Animal Slaughtering and Meat and Poultry Processing Plant"]

[Summary] An examination for Salmonella contamination of sewage, animal  
blood and slaughter tools of Beijing Union Plant was carried out in 1980.  
Of the 157 samples examined, 103 were Salmonella positive, a rate of  
65.6 percent. The highest rate was 73.7 percent which was found in the  
slaughter tool smears, and second was 65.4 percent found in sewage. Sixteen  
serotypes were identified, with the dominant serotype being S. typhimurium  
(22.1 percent). These results agreed with the previous published reports in  
China that S. typhimurium is the most common agent causing food-meat  
poisoning. This is probably related to the fact that the animals slaughtered  
carry this kind of Salmonella most often.

It was observed that culture media enriched with both SF and R gave better  
growth, and isolating Salmonella with DHL plate gave better results than  
with HE plate.

This investigation provides some scientific data for improving sanitary  
management and sewage disposal.

9717  
CSO: 5400/4148

## PEOPLE'S REPUBLIC OF CHINA

## HFMD EPIDEMIC IN TIANJIN REPORTED

Beijing ZHONGHUA LIUXINGBINGXUE ZAZHI [CHINESE JOURNAL OF EPIDEMIOLOGY]  
in Chinese No 2, 10 Apr 85 pp 66-69

[Article by Yu Changshui [0060 7022 3055] and Xiao Minghua [5235 2494 5478],  
et al., Tianjin Public Health and Epidemiology Center: "Epidemic of Hand,  
Foot and Mouth Disease Due to Coxsackie A16 in Tianjin City"]

[Summary] This paper is the first report of the 1983 epidemic of Hand, Foot  
and Mouth Disease (HFMD) caused by Coxsackie virus A16 in Tianjin, China.  
The incidence was 23.03 per thousandth in the childcare centers and 2.02 per  
thousandth in the general population.

The epidemic featured the following:

1. The epidemic occurred from late spring to autumn, with some sporadic cases in the winter.
2. The epidemic occurred in urban areas.
3. The patients were mainly preschool children, with the highest incidence among children under the age of three.
4. There were typical papulas and herpes on the hands, feet and buttocks. In the mouth mucous some rashes became ulcers. The disease lasted about seven days.
5. No severe complications were seen. The recovery of the disease was favorable.



PEOPLE'S REPUBLIC OF CHINA

MALARIA INCIDENCE ANALYZED

Beijing ZHONGHUA LIUXINGBINGXUE ZAZHI [CHINESE JOURNAL OF EPIDEMIOLOGY]  
in Chinese No 2, 10 Apr 85 pp 70-73

[Article by Deng Da [6772 6671], et al., Parasitology Research Institute,  
Chinese Center for Preventive Medicine: "A Quantitative Approach to the  
Epidemic Trend of Vivax Malaria in Huanghuai Plain by Vectorial Capacity"]

[Summary] This paper analyzes the fluctuating tendency of malaria incidence through vectorial capacity calculated in Daishan township, Jiangsu Province, in the eastern part of the Huanghuai Plain. The malaria incidence and vectorial capacity in Daishan township were 7.4 percent and 1.5 in 1979, and 18.1 percent and 4.2 in 1980 respectively. Both incidence and vectorial capacity calculated at 20-day intervals from July to September revealed similar tendencies in fluctuations, and the peak of malaria incidence was just 20 days after the peak of vectorial capacity. The parasitological inoculation rate, estimated from the transition of negative and positive between two consecutive parasitological surveys in 1980, was 0.00125, and the entomological inoculation rate, mainly determined by vectorial capacity, was 0.00191 in the same year. Taking into account the two inoculation rates, it can be deduced that there were one or two persons receiving an infective inoculation per thousand per night during the transmission season in this area. It is concluded that the vectorial capacity, which is mainly determined by the man-biting rate of Anopheles sinensis, is the critical factor responsible for the fluctuation of malaria incidence in the Huanghuai Plain.

PEOPLE'S REPUBLIC OF CHINA

SERO-EPIDEMIOLOGICAL SURVEY OF MALARIA REPORTED

Beijing ZHONGHUA LIUXINGBINGXUE ZAZHI [CHINESE JOURNAL OF EPIDEMIOLOGY]  
in Chinese No 2, 10 Apr 85 pp 74-77

[Article by Wang Jie [3769 2212], et al., Parasitology Research Institute,  
Chinese Center for Preventive Medicine: "Sero-epidemiological Survey of  
Malaria Using ELISA Technique"]

[Summary] ELISA with a soluble antigen of *P. falciparum* cultured in vitro was used for the sero-epidemiological survey of malaria in Hainan Island, Guangdong Province. Fresh blood specimens were taken for detecting parasites and blood samples were tested on filter paper. The antibody level to malaria was expressed in optical density (OD) at 492  $\mu\text{m}$ . Among the population in an endemic area, the parasite-carrier rate was 9.8 percent and the ELISA positive rate was 35.2 percent. The ELISA positive rate and parasite-carrier rate in different age groups ran in divergent directions. In an area where malaria was well controlled after an outbreak in 1977, the results of a survey in 1979 indicated that the ELISA positive rate among the population was 72.2 percent. In 1981, the parasite-carrier rate changed from 1.7 percent to 2.1 percent, with the ELISA positive rate and malaria antibody level among the population decreasing significantly. It is believed that once the source of malaria infection is introduced, another outbreak might occur.

PEOPLE'S REPUBLIC OF CHINA

LEPTOSPIROSIS INCIDENCE IN YUNNAN REPORTED

Beijing ZHONGHUA LIUXINGBINGXUE ZAZHI [CHINESE JOURNAL OF EPIDEMIOLOGY]  
in Chinese No 2, 10 Apr 85 pp 78-81

[Article by Yang Wenying [2799 2429 2503], et al., Yunnan Epidemic Prevention Research Institute: "Morbidity of Leptospirosis in Menglian County of Yunnan Province"]

[Summary] This survey was carried out from August 1981 to July 1982 in Menglian County, Yunnan Province, which is located in the southern subtropic zone.

During this period, 1752 febrile patients were examined and 125 cases of leptospirosis were diagnosed and confirmed by laboratory methods. The annual incidence rate reached 158.83/100,000 and far surpassed the records of past years in this county or other similar regions. Therefore, the incidence of leptospirosis among infectious diseases is third only to dysentery and malaria in this county. However, the rate varied in locality, season, sex and age of the patients. The incidence in plain areas was 526.9/100,000, semi-mountainous areas 97.7/100,000 and mountainous areas 60.3/100,000. Cases of leptospirosis were seen throughout the year except in January, but the highest incidence occurred in August. It occurred more often in males (214.52/100,000) than in females (102.36/100,000), and the age group of 20-24 years had the highest incidence (435/100,000).

Although there are four clinical types, most cases (95.2 percent) belonged to the grippotyphosa type, with only 3.92 percent of the cases having typical manifestations. Therefore, many cases may be misdiagnosed and the figures of leptospirosis obtained from past reports may be less reliable.

PEOPLE'S REPUBLIC OF CHINA

LEPROSY EPIDEMIOLOGY IN SICHUAN INVESTIGATED

Beijing ZHONGHUA LIUXINGBINGXUE ZAZHI [CHINESE JOURNAL OF EPIDEMIOLOGY]  
in Chinese No 2, 10 Apr 85 pp 92-94

[Article by Du Jixian [2629 5282 6343], Department of Dermatology, Fourth People's Hospital, Zigong Shi: Investigatory Report of Epidemiology of Leprosy in Zigong District of Sichuan Province"]

[Summary] Zigong district of Sichuan Province, with a population of 1,685,716, is a low epidemic area of leprosy with a total of only 97 cases reported in this city since liberation (1949). According to the survey in 1982, 24 patients suffering from leprosy were found (i.e., 20 hospitalized cases, 3 new cases and 1 relapse case). The morbidity rate was 1.4 per 100,000. The distribution, sex, age, profession, duration, types of transmission, prognosis and epidemiological trend of the disease are analyzed and discussed. It is considered that the epidemiological trend of leprosy in the city has been going down, and control of leprosy among family members should be emphasized in order to prevent the infection.

PEOPLE'S REPUBLIC OF CHINA

SUDDEN DEATH SURVEY REPORTED

Beijing ZHONGHUA LIUXINGBINGXUE ZAZHI [CHINESE JOURNAL OF EPIDEMIOLOGY]  
in Chinese No 2, 10 Apr 85 pp 99-101

[Article by Yao Cailiang [1202 2088 5328] and Du Fuchang [2629 4395 2490],  
et al., Nanjing Medical College: "A Survey of Sudden Death Among 370,000  
People in Rural Area"]

[Summary] This paper presents the results of a two-year retrospective  
survey of sudden death in a population of 372,737 in Haimen County,  
Jiangsu Province, from 1 January to 31 December 1982.

Eighty cases of sudden death, including 47 males and 33 females, occurred  
during this period. Among them the average age at the time of death was  
60.6 years for the males and 73.4 for the females. The annual incidence  
of sudden death was 10.73/100,000. According to our data, ischemic heart  
disease (IHD) was the main cause of sudden death, accounting for 44 of the  
80 deaths. Thus, the incidence of sudden death from IHD was 5.90/100,000.  
The peak incidence of coronary death was within the first hour after onset  
of symptoms. Coronary disease accounted for 66.7 percent of those who died  
within one hour, and 26.1 percent of the deaths between one and six hours,  
so the shorter the period from the onset of symptoms to death, the greater  
the likelihood that the death was caused by coronary disease.

9717

CSO: 5400/4139



PEOPLE'S REPUBLIC OF CHINA

CHIFENG FLUOROSIS AREA GETS LOW-FLUORIDE WATER

Beijing RENMIN RIBAO in Chinese 1 Mar 84 p 3

[Article by Sun Zhenlin [1327 2182 2651]: "The People of Chifeng Fluorosis Area Are Consuming Low-Fluoride Water"]

[Text] The city of Chifeng in the Nei Monggol Autonomous Region is an area of high-incidence endemic fluorosis. There are more than 2,800 villages in the disease area, with a total population of 820,000 and more than 270,000 victims of the disease. The party and the government have shown profound concern for the people of the disease area. Beginning in 1974 they organized the masses to prevent fluoride and improve the water, and since 1980 they have initiated the installation of anti-fluoride running water. By the end of 1983 the city had completed construction of 174 anti-fluoride running water locations and more than 500 anti-fluoride wells. This enabled 246,000 people in the fluorosis area to consume low-fluoride water.

The leadership of the party and the government in Chifeng have conscientiously organized water conservancy and health departments concerned to mobilize the masses to engage in anti-fluoride water improvement. In terms of funding, they have upheld the principle of "three concentration of funds"--from the state, the collectives and the individuals--to open up revenue sources and pool resources from all sides. In the past 10 years the state investment alone in anti-fluoride water improvement has exceeded 10 million yuan. Taking 1983 as an example, 1.32 million yuan was extracted from water conservancy and health departments concerned and from local public revenues at every level of city and country (or banner and ward), as well as from funds for the support of undeveloped areas. In addition, 1.15 million yuan was raised from collective and individual production funds (47 percent was raised voluntarily). In the construction of water improvement projects, care was taken to make the most of the key roles of professional technical personnel, and the construction was carried out in strict compliance with project plans so that the rate of progress and the quality of the project was guaranteed. In the single year of 1983, 77 anti-fluoride running water locations were constructed, serving 58,000 people in that same year. In terms of the way water was supplied, they suited measures to local conditions based on the various different geographical environments and factors, and adopted the optimum water supply method. Now there are four major methods that have been widely adopted: direct supply, supply from a cistern on high

ground, the water tower method and the self-draining tub without water tower pressure. Large and small are developed simultaneously, and traditional and modern methods are combined. As far as those anti-fluoride running water projects that have been completed are concerned, they have adopted methods of "piped water contract systems" and professional management.

12510

CSO: 5400/4143

PEOPLE'S REPUBLIC OF CHINA

FOCUS OF INSTITUTE OF PARASITIC DISEASES DISCUSSED

Beijing RENMIN RIBAO in Chinese 5 Apr 84 p 3

[Article: "Dedication to Applied Research, Devotion to Disease Prevention and Cure"]

[Text] Reporter Zeng Huanrong [2582 3562 2837] reports that the Institute of Parasitic Diseases of the Chinese Center for Preventive Medicine, beginning with problem selection, has enhanced applied research and has achieved many positive results that are being rapidly applied in the real world and can be used under existing Chinese conditions.

China is a nation in which parasitic disease prevalence is relatively widespread. Schistosomiasis, malaria, filariasis, ancylostomiasis and kala-azar--these five major diseases severely threaten the health of millions or even hundreds of millions of people. As this nation's highest parasitic disease research organization, this institute insists on facing up to this scientific research problem, which in reality is for our own good. China's well-known specialist and expert on parasitic diseases, Mao Shoubai [3029 1343 4101], has pointed out that "We cannot do completely as some specialists in Western developed nations do and attach importance only to purely theoretical research. These diseases are already nonexistent in those countries, and naturally they have nothing to worry about. Our national conditions are different: With this many patients, and limits on both scientific research personnel and funding, we must concentrate our efforts on the problems that are of the most weighty practical significance and strive to achieve more positive results." Of the 46 research problems that the institute is involved in this year, 38 of them are in applied areas.

In order that our own work achievements can be directly applied in disease prevention and treatment as quickly as possible, this institute always gives priority to the disposition of categories of tasks: The first category is composed of tasks assigned by the health departments responsible, and also includes tasks under the control of other ministries and commissions where cooperation is necessary for construction of key projects. The second category is composed of tasks assigned by the various special parasitic disease research committees (groups) nationwide. These are mostly major, crucial tasks in prevention and treatment work. The third category is composed of tasks that have already been launched and that when taken a step

further can immediately bring substantial economic and social benefits. Regardless of whether it is the various research offices and scientific research offices or the institute's academic committees and party committees, all of them of their own accord decide on task selection based on these criteria. Institute and office leaders, advanced personnel who have returned from abroad and other scientific leaders also set examples and bring a good atmosphere of willingness to undertake applied tasks to the institute as a whole.

The Institute of Parasitic Diseases, proceeding from the characteristics of applied research, actively promotes on-site laboratory work. Institute leaders repeatedly stress that it is absolutely essential to be on the spot to survey epidemiological factors and formulate countermeasures. Achievements already gained in areas of prevention, diagnosis and treatment need to be further extended to the sites and long-term longitudinal observation must be carried out. In the past 3 years a total of 74 scientific personnel have been organized from the institute as a whole and have left for villages in 13 different provinces and autonomous regions to launch work on institute-selected tasks.

In organizing measures, based on the concrete situation in the discipline, this institute has made certain reforms to encourage scientific personnel to engage in research on applied problems. To list a few examples, the institute has clearly pointed out that in addition to theses, valuable survey reports and work summaries can also be made the bases for professional investigations and post assessments; work groups that go out into the countryside can look at the length of time a job has been actively under planning; we have as far as possible given appropriate economic allowances to those who go out into the countryside to work; we have scheduled institute-wide advanced foreign language and specialty classes for winter and spring seasons when scientific personnel are relatively concentrated in one place so as to ensure everyone of the opportunity to improve their foreign language levels and refresh their knowledge; and so forth.

12510

CSO: 5400/4143

PEOPLE'S REPUBLIC OF CHINA

PROGRESS REPORTED IN BEIJING DISEASE PREVENTION

Beijing RENMIN RIBAO in Chinese 1 Mar 84 p 3

[Article: "Beijing Health and Disease-Prevention Work Shows Progress"]

[Text] There has been new progress in health and disease-prevention work in Beijing. In 1983 Beijing actively adopted measures centered firmly on the task of health and disease-prevention work "that emphasized prevention and control of contagious intestinal diseases, treated causes and symptoms simultaneously and took firm control of implementation." This brought an obvious decline over 1982 in the number of persons contracting contagious diseases that have major effects, high morbidity and do serious damage to the people's health. Among these, hepatitis declined by 36.1 percent, typhoid by 24.3 percent, measles by 75.1 percent, scarlet fever by 21 percent, type-B encephalitis by 47.4 percent, and pertussis by 37 percent. Since 1951 deaths due to contagious diseases have fallen from 1st place in the overall national composition of causes of death to lower than 10th place.

Since 1983, when the new leading group in the Beijing Bureau of Health was formed, we have conscientiously implemented a policy of "prevention first," and have given priority status to health and disease-prevention work.

In 1983 the leading comrades of the municipal and ward (county) departments concerned, together with health and epidemic-prevention personnel, went into more than 1,200 units to inspect food hygiene. They dealt with all units in violation of food hygiene laws and ordered them to improve their food hygiene conditions within a short period of time. Departments of health at all levels conducted health examinations on more than 228,000 food handlers, and of those who were found to have any of the 5 contagious diseases, 95 percent have been transferred away from work stations where they would come in direct contact with food.

The Beijing Bureau of Health has taken care to adopt measures earnestly, with respect to human, material and financial resources, to support health and epidemic-prevention work. In 1982 they added a total of 3.34 million yuan to the health and epidemic-prevention funds. In 1983 the funds for disease prevention and control and for epidemic prevention increased by 50 percent over 1982. The fund increase was used primarily to enhance health and epidemic-prevention work at the grass-roots level. Certain urgent problems

in health and epidemic-prevention work were also resolved by various ward and county units. For example, Chongwen Ward Bureau of Health used 40,000 yuan to install necessary disease prevention equipment at Jiedao Hospital. In order to resolve the problems of an inadequate number of personnel in the health and epidemic-prevention contingent and a low level of technology, in 1982 Beijing opened two public health practitioner classes and, together with the Department of Education, operated two senior middle school classes in food hygiene control and monitoring professions.

12510

CSO: 5400/4143



PEOPLE'S REPUBLIC OF CHINA

BRIEFS

HEPATITIS-B GENETIC ENGINEERING--According to a report in JIEFANG RIBAO, China has achieved great progress in genetic engineering on the hepatitis-B virus. Scientific personnel at the Shanghai Institute of Biochemistry of the Chinese Academy of Sciences and at the Shanghai Institute of Biological Products of the Ministry of Health have recently utilized genetic engineering techniques to achieve a successful expression of the gene for the hepatitis-B surface antigen in Escherichia coli bacteria and in yeast. This major achievement in scientific research has opened a route for China to realize the use of genetic engineering to produce the hepatitis-B vaccine. The experts concerned believe this modern bioengineering achievement indicates that the day is not far off when mankind will triumph over the dangers of hepatitis-B. Through great efforts, dealing with hepatitis-B will enable us to handle prevention and cure, and even elimination of viruses like smallpox. Utilization of genetic engineering methods to produce the hepatitis-B virus within bacteria is a focal applied science that nations worldwide are exploring and developing. According to relevant data reports, there are now 200 million carriers of the hepatitis-B virus (HBV) worldwide. The hepatitis-B that arises from this infection is one of the most serious contagious diseases prevalent worldwide. Consequently, elimination of this danger to mankind is a major problem now facing scientists that demands prompt solution. China has made research into hepatitis-B virus genetic engineering a state priority project for concerted attack. [Text] [Beijing RENMIN RIBAO in Chinese 23 Mar 84 p 3] 12510

CSO: 5400/4143

PERU

BRIEFS

TUBERCULOSIS RATE RISING--Huancayo, 24 Jun--Tuberculosis is a contagious disease that is decimating our population because of the lack of intensive treatment and continuous evaluation. Eduardo Gotuzo Herencia, speaking in a course on infectious and parasitological diseases, stated that the rate of tuberculosis in Peru is high and "has risen considerably in the last 4 years." He added that "some 1 to 2 percent of the population is in danger of contracting this disease, with the appearance of between 40,000 and 60,000 cases each year." [Excerpt] [Lima EL COMERCIO in Spanish 25 Jun 85 p A-14]

CSO: 5400/2071

PHILIPPINES

CAVITE HEALTH OFFICIAL DENIES TYPHOID REPORTS

Manila BULLETIN TODAY in English 24 Jun 85 p 17

[Text]

Cavite City health officer Reginaldo R. Sosa denied reports of widespread incidence of typhoid cases in the city.

Reacting to a newspaper article, Sosa branded the report as "grossly inaccurate, malicious and misleading."

A verification has been made, he said, at the Bautista hospital in Cavite City and it was found out that there were only 857 admissions registered in the said hospital from January to May 1985 and it would have been impossible to admit 1,356 typhoid cases as alleged in the news write-up because the hospital has only 40 beds.

Among the patients admitted in the same period, only 102 yielded positive Widal test, a routine procedure administered on patients suspected to be afflicted with typhoid fever upon

admission in the hospital. However, Widal test is not even a diagnostic confirmation of the disease. Positivity of the test can also be possible because of a patient's previous immunization against typhoid disease. Confirmation of the disease can be done by stool culture from rectal swab and observation of the patient which needs about 5-7 days confinement, barring complications.

Sosa also vehemently denied the claims of a certain public elementary school teachers that more than half of her summer students were down with the disease.

"How could this be when there were no summer classes held for the elementary level in Cavite City as verified from the office of the school superintendent?" Sosa asked.

Sosa also branded the claim of a certain in-

structor of the Naval Training Command that "almost every home along T. Barrios Street has one case of typhoid fever" as a pure and simple lie.

Records show that most of the cases reported along this street were in fact afflicted with influenza brought about by the sudden change of temperature due to the onset of the rainy season.

Sosa assured the public that his office has conducted massive immunization against cholera and typhoid and is now intensifying its information drive on the prevention of all communicable diseases (E. Dumanog)

## PHILIPPINES

## TOP THREE KILLER DISEASES IN NATION LISTED

Quezon City ANG PAHAYAGANG MALAYA in English 24 Jun 85 p 2

[Text]

Gastro enteritis, pneumonia and diseases of the vascular system are the three top killer diseases in the country today, according to health ministry findings.

Low nutritional level, insanitary living conditions and inability to afford costs of early treatment and medicine are among factors which help explain why the three ailments exact a high annual toll in Filipino lives.

Listed by the ministry as the 7 other top causes of mortality are tuberculosis, diseases of the heart, malignant neoplasm, bronchitic emphysema and asthma, acute respiratory infections, peptic ulcer and tetanus.

Findings of the ministry are contained in its report of results of the second National Health Survey. The sweep was conducted in July, 1981, but results were released to the public only recently. It followed the one conducted in 1978.

Gastro enteritis and other non-specific diarrheal ailments kill an estimated 91.8 Filipinos per 100,000 population, the ministry said. Most of the victims are children and common cause of the disease is unsafe or contaminated drinking water.

Mortality rates of the other 9 top killer diseases also on the per 100,000 population as computed by the ministry are as follows:

Pneumonia, rate of 66.9; diseases of vascular system, 63.4;

tuberculosis, 62.5; diseases of the heart, 54.8; malignant neoplasm, 52.2; bronchitic emphysema and asthma, 47.4; acute respiratory infections, 17.6; peptic ulcer, 15.1 and tetanus, 13.8.

Drop of tuberculosis to fourth-ranking killer disease shows success of the national medical community's efforts against the wasting ailment which was formerly the leading cause of mortality in the country two decades ago, the ministry pointed out.

However, it also acknowledged that emergence of gastro enteritis as top killer disease shows that much remains to be done in providing Filipinos with sources of safe drinking water, especially those residing in the rural areas.

The ministry also pointed out that prevalence of diarrheal diseases is common to all developing countries like the Philippines which are still to upgrade level of their public health services to that obtaining in the affluent or highly industrialized nations.

It also said its use of oral rehydration therapy (ORT) has gained much headway in the past two years in reducing incidence of the disease in the country.

Consisting of a solution of sugar and salt, ORT is effective in stopping loss of vital body fluids which causes death of those suffering acute diarrheal diseases, especially children.

Turning to the 10 leading causes of morbidity or ailments in the country, the ministry identified acute respiratory infections as on top spot with a rate of 600.2 per 100,000 population.

It said gastro enteritis and other non-specific diarrhea have a rate of 347.5; influenza, 301.3; bronchitis, emphysema and asthma, 185.3; tuberculosis (respiratory), 121.6; inflammatory diseases of the eye, 79; peptic ulcer, 75.1; hypersensitive disease, 62.6; arthritis and spondylitis, 54.3, and malaria, 43.3.

Dephnews

PHILIPPINES

QUEZON CITY REPORTS BRONCHO-PNEUMONIA EPIDEMIC

Manila BULLETIN TODAY in English 25 Jun 85 p 8

[Text]

Quezon City Mayor Adelina S. Rodriguez expressed alarm over the alleged rise of broncho-pneumonia cases which, she said, were of "epidemic proportion."

However, the city's health officer, Dr. Magdalena Ybanez, quickly allayed the mayor's fears and gave different statistics.

In a press statement, Mayor Rodriguez reported that at least 65,000 city residents, mostly children, were afflicted with the ailment during the first half of 1985.

She said the number is expected to increase because of the rainy season.

The mayor said the city health department urged her for additional fund for medicine but that the release of fund was

delayed because of "questions raised by certain sectors last year in the use of the city's calamity fund."

It will be recalled that Rodriguez was criticized last year for using almost P1 million from the calamity fund to buy medicines.

Rodriguez said she was awaiting a legal opinion from Malacañang on the use of calamity fund before she could purchase the medicines.

Ybanez, however, denied the mayor's statement with regard to the alleged bronchopneumonia epidemic.

She said broncho-pneumonia cases reported to her office were only 970 in the first quarter of 1985 while upper respiratory ailments for the same period was 30,457.

CSO: 5400/4410

PHILIPPINES

CHOLERA EPIDEMIC STRIKES DAVAO DEL SUR

Quezon City ANG PARAYAGANG MALAYA in English 25 Jun 85 p 1

[Article by O. Almenario]

[Text]

DAVAO CITY--At least 47 children were already reported to have died from cholera, while several minors are under critical condition as the week-long epidemic continues to sweep through the four barangays of Jose Abad Santos town in Davao del Sur.

J.Y. Sonza, provincial chief of the Public Information office (PIO), reported that the disease has been spreading in barangays Balangonan, Bokid, Kimo and Butahan, all in the coastal town of Jose Abad Santos.

Reports from the provincial office of the Ministry of Social Services and Development (MSSD) in Davao del Sur showed the victims are mostly children below 10 years old.

The MSSD said about 25 per cent of the population of the four barangays have already evacuated to General Santos City, Glan in South Cotabato, and sitio Caburan in Jose Abad Santos.

More than 1,000 families are reportedly being housed in emergency relief centers in Jose Abad Santos by the MSSD, 260 of them are being provided with continued preventive medical assistance.

As this developed, Davao del Sur governor Primo L. Ocampo was reported to have immediately dispatched a multi-agency medical and relief team composed of doctors, nurses and other medical workers from the provincial health office to the other-stricken barangays.

The governor was also reported to have activated the local chapter of the Philippine National Red Cross (PNRC) and the Ministry of Health (MOH) after acting provincial health officer Dr. Prospero Padilla, who left for Jose Abad Santos earlier, wired for additional medicines and supplies to combat the other-stricken areas.

CSO: 5400/4410



ST LUCIA

AIDS DEATHS ALLEGED; MINISTRY STATEMENT CITED

Castries CRUSADER in English 29 Jun 85 p 1

[Text]

A woman from the Babonneau area died at Victoria Hospital last weekend after the Crusader published a story declaring that the diagnosis of the woman's illness was the dreaded AIDS (Acquired Immuno-Deficiency Syndrome) disease which is fast finding its way into the Caribbean. A young daughter of the woman also succumbed to the same scourge and died over the weekend.

The Minister of Health Clervon Mason was alerted to the seriousness of such an epidemic in St. Lucia when The Crusader telephoned the Minister last Friday afternoon requesting confirmation of the story and details of the Ministry's plans for containing this disease.

The Minister in a Press Conference last Wednesday failed to give the public a clear indication whether the disease was in fact the dreaded killer disease - AIDS. His Press Statement added to the public confusion on this matter by hinting that there was some reason for concern but stating that he was not able to confirm the incidence of any confirmed case of AIDS. The Minister claimed that Professor Bartholomew of the Caribbean Epidemiological Centre had telephoned him and sent a telegram on the diagnosis but the Minister was still awaiting the written Report of the case.

The following is an excerpt of the Minister's Press Conference Statement:

....."Because of the proximity of the Caribbean area to the United States where there are many incidents of reported

it is always likely that the Caribbean Islands where we are promoting tourism from the United States could become vulnerable. I also would like to point out that one of the areas in the States, where AIDS is said to be more prevalent than other areas is the state of Florida and every year we have some 500 farm workers leaving St. Lucia to work on the farms in Florida and therefore to us it at once became apparent that we would have to take precautionary measures against this dread disease coming into St. Lucia and we are now..... The next recruiting session for the worker will be in another month or two and we are taking steps to have included into the contract of the workers the clause to the effect that upon their return to St. Lucia that they will be screened against AIDS.

They must know this, it is something they that they are to be told about and not to be done surreptitiously without their knowledge. Now the Caribbean Epidemiological Centre said that they have kits which can be used in testing the blood of blood donors - possible blood donors to detect

whether they have AIDS and they have promised to send some of these to St. Lucia. They also - In Barbados recently I think this week, Barbados got some equipment which can very speedily test blood for AIDS as well and we only got to know about this yesterday and I am seeking dialogue today with my counterpart in Barbados, Senator O'Brian Trotman the Minister of Health, there, to see whether Barbados could enter into bilateral agreement with us that they could do quick test for us over there.

As far as I am aware up to this morning there is no confirmed case of AIDS. There has been a diagnosis made and the relevant material has been sent to the lab in Trinidad for testing and we have got from Professor Bartholomew there a telephone call and a telegram, but until we get a written report confirming that the case was one of AIDS it would be irresponsible for me as Minister of Health to say that there is. There is a provisional report, but until the confirmed written report comes in I would not be able to confirm as a fact that there is AIDS."

CSO: 5440/077

9 August 1985

## ST LUCIA

## BRIEFS

BARBADOS HELP WITH AIDS--Castries, Fri, (Cana)--Saint Lucia, concerned that it may have identified its first AIDS victim, has announced it will seek a bilateral agreement with neighbouring Barbados for early detection of the deadly disease in local suspects. Health Minister Clendon Mason says Saint Lucia needs to have access to these tests, particularly with so many local farm labourers returning home from seasonal employment in the southern American state of Florida, where the disease is said to be prevalent. Mason noted that Barbados now had the capability to detect AIDS (acquired immune deficiency syndrome) antibodies, and added: "I am seeking dialogue with Health Minister Senator O'Brien Trotman to see whether we can enter into bilateral agreement, so that we can have tests performed quickly." He said his ministry was awaiting a report from the Caribbean Epidemiology Center (CAREC) in Trinidad and Tobago, on what might be Saint Lucia's first case of AIDS. He said Government was concerned over this development because every year about 500 farm workers left Saint Lucia for employment on farms in Florida. "It is, therefore, apparent that we would have to take precautionary measures against the disease coming into Saint Lucia." The Minister said steps were being taken to have included in the contracts of future Saint Lucia farm workers going to the US a clause to the effect that upon their return home, they must submit a screening against AIDS. CAREC has promised to supply kits to Saint Lucia for testing blood donors, to detect whether they had AIDS, Mason said. In the meantime, an island-wide educational campaign will be conducted here on the dangers of AIDS and the need to report suspected cases to health authorities. [Text] [Port-of-Spain TRINIDAD GUARDIAN in English 29 Jun 85 p 5]

CSO: 5440/073

SOUTH AFRICA

PORT ELIZABETH IN CONGOFEVER PLAN

Port Elizabeth EVENING POST in English 5 Jun 85 p 5

[Text]

CAPE TOWN — The Provincial Hospital in Port Elizabeth and Frere Hospital in East London are among the hospitals which will handle Congo fever patients under a new emergency scheme set up here for swift action in dealing with outbreaks of the disease.

Cape Town hospital authorities have established a team of specialist doctors and nurses, ready to fly to any hospital in South Africa to examine and treat people suspected to be suffering from Congo fever.

More than R100 000 will be spent on equipping special hospital wards to deal with Congo fever patients, and to train more personnel in

strict emergency procedures to be followed in treating the disease.

The director of hospital services, Dr N S Louw, said yesterday special units would also be set up in four provincial hospitals.

"A Cape Town team of doctors and nurses who have been trained in the specialities of treating haemorrhagic fever will be flown to any hospital where their expertise is needed," said Dr Louw.

Tygerberg Hospital will be the main admission unit in the Western Cape and the hospital's clinical laboratories will be used to test blood samples.

Groote Schuur Hospital will act as a backup

for Tygerberg, admitting contacts and "low index" patients with a less than 50% chance of having contracted the fever.

Patients in quarantine will be admitted to the City Hospital for Infectious Diseases in Green Point.

Dr Louw said it was important that suspected Congo fever patients be transported only in ambulances and that doctors examining the patients should not take independent blood samples for analysis.

Blood tests in Port Elizabeth and East London will be handled by the State clinical laboratories in these areas. — Sapa

CSO: 5400/161

TANZANIA

AIDS INCIDENCES CAUSE CONCERN

Deaths Reported in Kagera

Dar es Salaam SUNDAY DAILY NEWS in English 26 May 85 p 1

[Text]

TWELVE out of 30 people suspected to have contracted AIDS (Acquired Immune-Deficiency Syndrome) died recently at the Kagera Government Hospital, the annual general and scientific meeting of the Medical Association of Tanzania (MAT) for the Lake Zone has been told in Mwanza.

Presenting papers on AIDS at the on-going meeting on Friday, a panel of doctors from Kagera Region said three patients were still admitted, three others had been sent to the Muhimbili Medical Centre for further tests while the rest were taken home by relatives.

The doctors have expressed fear that the victims might have contracted AIDS — a mysterious disease which does not respond to medical treatment.

They noted that although it was too early to confirm whether there was AIDS in Kagera Region, proper diagnostic facilities for actual detection of the disease should be provided.

They also noted that over the past year there had been increasing number of patients dying at the Kagera hospital from a mysterious disease with symptoms identical to those of AIDS.

According to papers by Bugando hospital doctors in Mwanza, the disease might have originated from neighbouring countries.

The disease is communicable by physical contacts and its symptoms include diarrhoea, chronic fever and loss of weight.

AIDS Task Force Created

Dar es Salaam DAILY NEWS in English 2 Jun 85 p 1

[Text]

THE Ministry of Health has formed a six-man task force to investigate the causes, and if possible, proper treatment for the mysterious disease, the "Acquired Immune Deficiency Syndrome (AIDS)", which has been diagnosed in Kagera Region.

The Director of Preventive Services in the ministry, Dr. Amani Mgeni, said in the city on Friday that the task force comprised medical experts from his ministry, the Muhimbili Medical Centre (MMC) and the Tanzania Tumour Centre in Dar es Salaam.

Dr. Mgeni said a medical expert who was sent to Kagera Region to investigate suspected cases of AIDS, had presented a report confirmed the disease.

The medical expert has examined 26 AIDS suspects — eleven men and 15 women, some of whom had been attended in hospitals and discharged. Those examined who were between 24 and 45 years came from Bukoba Urban, Muleba and Bukoba Rural Districts.

According to the medical expert, the disease, whose symptoms were chronic fever, vomiting, chest pains and coughing, loss of body weight and irritation and scabies on genital organs, was sexually transmitted.

Dr. Mgeni called on the public not to panic because of the disease, and instead refrain from engaging in prostitution which was the main factor in spreading the disease.

CSO: 5400/159



TANZANIA

BRIEFS

ZANZIBARIS STUDY ELEPHATIASIS--Isles Minister for Health, Ndugu Maulid Makame, told the House that talks were going on in Zanzibar to start preventive services against elephatiasis. He said it was possible to eradicate the disease which was on the increase in some parts of the Isles and that it was up to the people themselves to implement and follow instructions and the Ministry's advice on the war against mosquitoes. The Minister was answering Ndugu Mohammed Zubeir Khamis (Zanzibar South) who wanted to know the sources of the disease and steps the government was taking to combat it. Ndugu Makame said the disease was being spread by mosquitoes which, after biting a diseased person and sucking the contaminated blood, sting another person thus spreading the contaminated blood. [Excerpt] [Dar es Salaam DAILY NEWS in English 31 May 85 p 3]

DEATHS FROM POISONOUS CASSAVA--Fifteen people, including children, have been crippled in Tarime District, Mara Region, after eating cassava believed to contain poison. The Member of Parliament for Tarime Ndugu Edward Ayila, said in an interview with Radio Tanzania Dar es Salaam that the accident was reported to Tarime District authorities by Dr. Glen Brubaker of Shirati Hospital. In his letter, Dr. Brubaker said 15 people were referred to his hospital from Nyambori dispensary in the Nyancha Division with crippled legs. When their blood samples were sent to London for testing, signs of spastic paraplegia (common poison in cassava) were detected in the blood. The poison was prevalent in the bitter variety of cassava, he said. [Text] [Article by Noel Thomas] [Dar es Salaam DAILY NEWS in English 18 Jun 85 p 3]

CSO: 5400/164

9 August 1985

## TRINIDAD AND TOBAGO

## GOVERNMENT DETAILS CAMPAIGN AGAINST SPREAD OF AIDS

Port-of-Spain TRINIDAD GUARDIAN in English 6 Jul 85 p 14

[Excerpts]

FOLLOWING is a Press release from the Ministry of Health and Environment on Acquired Immune Deficiency Syndrome (AIDS).

It has been prepared by the Ministry in collaboration with the AIDS Surveillance Group which was set up by this Ministry in November, 1983.

The group meets under the Chairmanship of Dr. Roderick Doug Dean, Principal Medical Officer (Epidemiology).

Membership includes: Professor C. Bartholomew — U.W.I.; Dr. H.P. Diggory — Director of CAREC; Dr. Biriam Mahabir — Specialist Medical Officer; Venereal Disease Division; Dr. McDonald Jorsling — Hospital Medical Director; Dr. T. Poon King — Physician; and Dr. N. Jankoy — Pathologist.

The Principal Nursing Officer, Haematologists and other health personnel are co-opted as necessary.

The group monitors the situation with respect to AIDS and recommends action to be taken. In some instances the group itself initiates the action and monitors implementation.

There is no evidence to date for example, that AIDS is transmitted by airborne droplets such as produced by coughing or sneezing, by sharing washing, eating and drinking utensils, or by sharing toilet facilities.

In the case of family contacts, spread of infection has not been detected except in sexual partners and children born to infected mothers.

However, razors, toothbrushes and other articles which can be contaminated with the blood of infected persons should not be shared.

Persons who are infected with the virus do not pose a risk to others with whom they must necessarily travel or work, in the course of routine day to day activities.

Saliva has not been incriminated as a source of spread, but research has shown that the virus has been isolated from saliva of infected persons.

Medical, nursing and other health personnel involved in caring for those infected with the virus are at no special risk to themselves nor do they pose a risk to domestic household contacts, if they adhere strictly to the guidelines provided at health care institutions.

Between September, 1984 and May 1985, more than 19 formal training sessions were carried out by three nurses at hospitals in Port-of-Spain, San Fernando, Caura, Tobago and more recently at Sangre Grande.

Participants at these sessions included doctors, nurses, wardsmen, attendants and other categories of staff.

The following measures for the control and prevention of AIDS are being instituted by the Ministry of Health and Environment:

1. reporting forms have been distributed to the major health care institutions requesting base line data on cases of AIDS seen there.

Forms for reporting individual cases by physicians will be made available by July 2, 1985, through the Offices of County Medical Officers of Health;

2. guidelines for the protection of health personnel have been prepared and provided to health care institutions.

Training programmes on safety precautions for health care staff have been held and are continuing;

3. all blood donated through the Blood Bank will be screened before being transfused;

4. screening of those members of the public who are at special risk is available at the Caribbean Medical Centre, 5 Queen's Park East, Port-of-Spain, on a limited basis and will be expanded as the situation dictates; and,

5. the staff of the Caribbean Medical Centre will do the necessary contact tracing and will counsel persons found to be infected as well as their contacts.

Because of the long incubation period, the number of cases diagnosed can be expected to increase over the next six to 12 months and perhaps over an even longer period.

In connection with all of these activities, the Ministry of Health and Environment has received the full collaboration and support of the Caribbean Epidemiological Centre (CAREC).

CSO: 5440/076

UNITED KINGDOM

HIGHER TOLL ESTIMATED FROM LEGIONNAIRES DISEASE OUTBREAK

London THE DAILY TELEGRAPH in English 10 Jul 85 p 2

[Text]

**A** LEAKING seal in an air conditioning unit at Stafford District General Hospital could have caused the outbreak of Legionnaires Disease in April and May which developed into the world's worst, the investigation into the tragedy was told when it opened yesterday.

Mr ROBIN JACOB, Q.C., Treasury Counsel, said it was possible that the death toll was 46, not 39 as originally thought.

Only 16 fatalities were known for sure to have been caused by the infection, but it could not be ruled out in the rest.

Mr Jacob told the hearing in Stafford that it was clear the £25 million hospital, opened in 1983, was the source of the infection.

"A possible cause is that the construction between the waste pipe from the cooling tower was such that the seal could break and there could be backflow into a chiller unit of the air conditioning system."

The air conditioning for the outpatient section had been switched off over Easter.

Bacteria possibly developed and was blown out over patients in the department when the system restarted in April.

**Inadequate protection**

Mr Jacob said traces of bacteria had been found in the cooling towers five months before the outbreak.

And Dr JONW TOPIN, of Oxford University, told the inquiry he believes Government regulations drawn up five years ago to prevent outbreaks of the disease do not go far enough.

They advise health authorities to chlorinate hospital water systems twice a year, and whenever they had been closed down.

"I would be surprised that, if you followed these guidelines and you had an infected cooling tower, you would be guaranteed to be totally free from the infection," said Dr Topin.

CSO: 5440/075

ZIMBABWE

DRUG RESISTANT MALARIA HIT FIVE CENTERS

Harare THE HERALD in English 15 Jun 85 p 2

[Text]

FOURTEEN cases of drug-resistant malaria have been reported in parts of Zimbabwe, a research officer with the Blair Research Station, Miss Lily Mutambu, said yesterday.

In an interview with The Herald, Miss Mutambu said the disease was predominant in the Zambezi Valley and the Lowveld.

Four cases were confirmed in Kanyemba; two in Kariba; four in Chirundu; one in Komati and three in Mutare. An additional four cases were confirmed at the Blair

Research Station laboratory.

She said research indicated that most of the cases contracted the disease while fishing or canoeing along the valley.

There was a possibility of drug-resistant malaria spreading if it was not properly controlled because studies showed that the disease was moving southwards from East Africa.

She said this malaria was resistant to chloroquine-based drugs which were widely used to prevent and cure the disease.

Fanfidar, a combination of sulfadoxine and pyrimethine, was recommended as an alternative drug and was locally

marketed as Deltaprim, Malaone and Makoprim and Dapsone.

She said Malaquine and Neronon could not prevent or cure this disease and it was important that people visiting these areas took a course of non-chloroquine-based drugs.

The deputy director of the Blair Research Station, Ole Shumbarashu Mpofu, said it was curious that the incidence of drug-resistant malaria had been reported in Mutare which was at a high altitude.

It was believed that cases reported in Mutare were not localised but had been brought to the town by relatives from malaria-infected areas.

CSO: 5400/161

ARGENTINA

DRAFT BILL AIMS AT FOOT AND MOUTH ERADICATION

Buenos Aires LA PRENSA in Spanish 23 Jun 85 sec 2, p 1

[Text] Backed by Radical Deputy Ernesto Gold and other legislators, a bill has been presented to the Buenos Aires Province Chamber of Deputies aimed at eradicating aphthous fever in that state. The proposal underlines "revolutionary" aspects in all methodology now used in the protection of livestock which, the presentation states, has so far yielded unsatisfactory results. The bill maintains that "the solution to the problem of aphthous fever in cattle and its eradication in civilized countries has come about, not only with the production of the best possible inoculation in terms of quality and quantity, but also based on an overall plan that in the final analysis is the effective means for preventing this epizootic disease, which does grave harm to the national economy."

The bill also notes that the particular situation in Buenos Aires Province means that that area of the country is the most suitable for carrying out a proper plan and waging the proper fight.

The backer of the legislation states that "based on this bill, we are trying to ensure that official organizations will be the natural providers of the necessary vaccine and under proper conditions and that any vaccinations will be done directly by the proper professionals or technicians in order to ensure suitable compliance with the program.

"We are convinced," the bills says, "that implementation of the plan will only require that in each delegation of the National Animal Health Service (SENASA) or the Buenos Aires Minister of Agrarian Affairs (MAA), stocks of vaccine will be large enough to inoculate the number of animals in the area and that the necessary refrigeration will be installed to preserve it."

Regulations

Among the basic provisions of the bill is the requirement that all cattle, sheep, swine and other livestock be vaccinated every 90 days, with the Executive Branch determining the dates of each campaign.

In addition, the MAA and SENASA will be empowered to make agreements and be the sole providers of vaccine so that its acquisition in large quantities will



lower the cost. Agreements will also be made with professional veterinary schools so that they will be responsible for correct application.

Fees will be paid by livestock owners at the time of the vaccination and the authorities or SENASA officials will set the price.

11,464

CSO: 5400/2067

SOUTH AFRICA

BRIEFS

RABIES CASES CONFIRMED--Durban,--Several cases of rabies in Natal have been confirmed by the province's Vet Department. In the first case at Hibberdene on the South Coast, a domestic dog was seen to be behaving in a strange fashion earlier this week. The owner had the animal put down and subsequent tests showed that it was a definite rabies case. At Shelley Beach, also on the South Coast, a stray dog was put down when it was seen to be foaming at the mouth on Wednesday. Subsequent tests carried out on the animal's brain showed that it also had rabies. [Text] [Johannesburg THE CITIZEN in English 22 Jun 85 p 9]

CSO: 5400/160

ZAMBIA

TSETSE THREATEN CATTLE IN SENANGA

Lusaka ZAMBIA DAILY MAIL in English 18 Jun 85 p 3

[Text]

TSETSE-Fly is threatening cattle in Senanga and the district agricultural officer, Mr Mashekwa Imbula, has called for urgent measures to eradicate the flies.

Briefing Western Province Member of the Central Committee the Litunga Duse Yeta, who was touring the west bank of Zambezi River, Mr Imbula said villagers were getting concerned because tsetse fly was killing animals.

Mr Imbula explained that Senanga was one of the areas selected for cattle development.

The project, being financed by the Dutch government, will involve cattle marketing and digging of water ponds in drought areas of Senanga to save animals.

Feasibility studies on the project have been completed and Nangweshi had been selected the headquarters

for cattle development.

Co-ordinator of the project, Mr Willeni Colenbrander said two other sub-centres would be established near the border areas to ensure that animals were protected.

Mr Imbula told Mr Yeta that lack of funds had hampered the department from carrying out some programmes.

He said roads in the area were impassable while most agricultural camps in Senanga West had no extension officers due to lack of accommodation.

Experts assigned on the cattle development area project would also carry out extensive trials to find suitable crops for drought-stricken places.

Meanwhile, construction of the Kalabo-Mongu canal in Western Province has started. — ZANA

CSO: 5400/162

BANGLADESH

BRIEFS

PESTS IN COMILLA--Comilla, June 7--About 50 thousand acres of aus and bro at cast Aman paddy lands in all the upazilas of Comilla district have been invaded by pests. The pest attack is also spreading over other areas, very alarming, it was learnt. The Department concerned is learnt to have requisitioned aerial spray of insecticides in the affected areas. But that has not yet been started for reason known to the authority concerned. The farmers have become very much worried about their crops. [Text] [Dhaka THE BANGLADESH OBSERVER in Eng] [Jun 85 p 8]

PESTS IN NARAIL--Narail, June 12--Prospect of Aus and Aman crops has become bleak in Narail district due to large-scale attack by pests locally known Pamri Poka. According to reports received from different upazilas of the district, crops on a vast tract of land in Bell Chauchuri under Lohagara, Kalia and Narail Sadar upazila has been extensively damaged by the pests attack. The situation has aggravated due to non-availability of pesticides in the government stores. Whatever pesticides are available in the market are adulterated and are setting at exorbitant price. The District Agricultural Extension Officer reported to have contacted the higher authority for aerial spraying in an emergency basis to combat the pest attack, it is learnt. [Excerpt] [Dhaka THE NEW NATION in English 14 Jun 85 p 2]

CSO: 5450/0225

BRAZIL

FUNDING SOUGHT TO PREVENT SPREAD OF CITRUS CANCER

Foreign Sales Jeopardized

Sao Paulo O ESTADO DE SAO PAULO in Portuguese 12 Jun 85 p 31

[Text] Today, along with the secretary of agriculture, Nelson Mancini Nicolau, the leaders of the Sao Paulo citrus growers will meet with Governor Franco Montoro, whom they will request to intervene with the federal government, through the Secretariat of Planning, for the release of 23 billion cruzeiros allocated to combat citrus canker. The report is from Mancini himself, who was at the Lime Experimental Station in Cordeiropolis on Monday, on the occasion of the opening of Citrus Cultivation Week. He promised to lend full support to the campaign, "owing to the importance of citrus growing in Sao Paulo, currently one of the few productive sectors experiencing less anxious times than the others."

According to the chairman of the Sao Paulo Citrus Growers Association (ASSOCITROS), Nelson Marqueselli, the producers' situation is serious; because at present, whenever a focus of the disease appears, the teams from the Secretariat of Agriculture and Fundecitros (responsible for combating the canker) do not arrive on the site until about 30 days have elapsed, damaging sales to the United States, "which does not purchase concentrated orange juice from countries which fail to provide for the combating of citrus canker."

Upsets

Moreover, the chairman of the Brazilian Citrus Fruit Association (ABRASUCOS), Hans George Krauss, issued a warning about the possible negative consequences of the euphoria caused by the new frosts occurring in the U.S. at the beginning of the year, which "could soon thwart this year's expectations and bring about unforeseeable upsets for the years to come." He claimed that the frosts which recently affected Florida did not have the dimensions boasted by the production sectors and said that the high prices in effect on the market have been causing negative effects because, combined with the tax burden and the frequent devaluations of the European currencies with respect to the dollar, they will prompt the European Common Market countries to reduce their purchases of Brazilian juice.

The chairman of ABRASUCOS notes that the U.S. domestic consumption is tending to stabilize, because only at the end of 1984 did the American public begin

consuming the juice purchased by the importers, at \$1,800 per ton. Based upon his reasoning, this fact (together with the factors which could affect the exports to the EEC and to the U.S., in volume) leads one to believe that the stocks held by the importing firms at the beginning of this year are the largest in recent years, "perhaps the largest in our entire history, for which reason a decline in Brazilian exports is virtually assured."

#### Sao Paulo Producers Complain

Sao Paulo O ESTADO DE SAO PAULO in Portuguese 7 Jun 85 p 20

[Text] The national citrus growing industry will be jeopardized if the federal government does not release 27.6 billion cruzeiros this year for the campaign to combat the canker in the states of Sao Paulo, Parana, Rio Grande do Sul, Mato Grosso do Sul and Mato Grosso. The canker is a disease caused by bacteria which attack leaves, fruit and shoots of orange trees, making the plant useless. In 1984, the country accrued \$1.6 billion from orange juice exports, becoming the largest world supplier of the product.

In Sao Paulo, there are 18,000 orange producers and 16 juice industries which offer 150,000 direct jobs and 650,000 indirect ones, according to the Sao Paulo Citrus Growing Protection Foundation (Fundecitrus). Of the 29.9 billion cruzeiros stipulated for 1985 as funds for the National Campaign to Eradicate Citrus Canker (Canece), the Ministry of Agriculture has actually made only 2.27 billion cruzeiros available.

This week, Domingos Fasanella, president of Fundecitrus, sent the minister of planning, Joao Sayad, a document expressing his concern over the constant "elimination of the funds necessary for conserving the Brazilian citrus supply." He said that the citrus agroindustry ranks third in the category of national exports, outranked only by the soybean and coffee complexes.

In the case of Sao Paulo, which is the largest producer, Fasanella said that, this year, the Ministry of Agriculture released only 900 million cruzeiros, with a 90 percent reduction. The total funds for combating the canker have been integrated by the Sao Paulo Secretariat of Agriculture and Fundecitrus, which manages a private fund resulting from contributions from producers and manufacturers.

Federal Deputy Ruy Codo (PMDB [Brazilian Democratic Movement Party]-SP) also put his appeal to Minister Sayad in these terms: "I urge Your Excellency to heed the appeals from Fundecitrus, which combines the interests of all the juice producers and manufacturers, by providing the funds as quickly as possible." The minister promised to study the matter promptly.

Citrus canker was reported for the first time in 1957, in the municipality of Presidente Prudente (SP). It is the leading damaging citrus pest, owing to the harmful results that its attack on the plants causes. After the plant has been contaminated there is no means for chemically combating it. There are restrictions on imports of fruit in the natural state imposed by most countries. The canker has decimated fruit orchards in Paraguay and Japan, which neglected to prevent the disease, according to Fundecitrus.

2909

CSO: 3342/197



CANADA

## PRAIRIE FARMERS BRACE FOR GRASSHOPPER ONSLAUGHT

Ottawa THE WEEKEND CITIZEN in English 1 Jun 85 p B6

[Article by Margaret Munro]

[Text]

SASKATOON — Prairie farmers are bracing for an onslaught of billions of grasshoppers this summer — an infestation that might be the worst since the Depression.

The insects are already causing crop damage, proving once again nature's superiority over farmers, agricultural scientists and chemical companies.

Farmers, who are partly responsible for this year's predicament, expect the grasshoppers to attack up to 70 per cent of arable land in Saskatchewan, almost half of southern Alberta and sizable chunks of Manitoba.

Chemical companies, whose pesticides at times do little more than temporarily stun the hardy insects, are readying millions of litres of ammunition.

And agricultural scientists, who have been studying the resilient insect for years, say the outbreak is humbling proof that they are still a long way from understanding, let alone controlling, the "hopper," which returns to plague the prairies every 10 to 15 years.

This year's outbreak is widely expected to be the worse since 1961 and there are indications in some areas that it might be the worst since the '30s.

"Perhaps even worse," says Agriculture Canada's Dr. Dan Johnson, who points to counties in southern Alberta that are crawling with an unprecedented number of grasshoppers — more than 200 per square metre.

At this stage, most of the grasshoppers — there are more than 85 varieties in the Canadian Prairies — are smaller than houseflies. But the hoppers' ferocious appetite is already evident in southern Saskatchewan and Alberta where sprouting crops have started to disappear in gulps.

By July the insects should start moving from one field to the next en masse. And by August clouds of insects should be flying and lighting to devour crops, lawns, gardens, and leaves.

"Last year they cleared out entire gardens," says Lloyd Harris, Saskatchewan's chief entomologist, who's predicting much more widespread damage this year.

Despite innumerable research projects and the various chemical concoctions that have been focused on the bugs since the 1920s, scientists say the only match for grasshoppers is Mother Nature.

A week or two of cold, wet weather could go far in wiping out the hoppers, which are easily infected with fungi that thrive in damp conditions.

Falling such meteorological luck — which isn't seen in the long-term forecast — this year's infestation could cause more than three times the \$40-million damage done to crops in 1984.

Though chemicals help minimize the damage, neither farmers nor scientists are under any illusions about their long-term worth.

"It's obvious the reliance on chemical control just isn't working," says Dr. Owen Olfert, one of the scientists at the Agricultural Research Station in Saskatoon trying to develop methods to reduce the need for and reliance on chemicals.

"Insecticides are a rescue treatment for a problem that has come about through improper management," says Harris. "This year's problem is because people have been ignoring a combination of bad conditions."

Last year, for example, the infestation was bad but many farmers abandoned their crops when it became obvious they would be lost to the drought.

While abandonment was understandable since there was little immediate gain in spending money on insecticides when the crop was going to be lost, it allowed grasshoppers to reproduce by the billions.

"When they abandoned the crop they just grew hoppers," says Harris. "Now we're reaping the consequences."

Farmers and grasshopper specialists agree that chemicals are only a short-term, stop-gap measure and that their use should be reduced.

But effective alternatives have not been easy to find. In fact, scientists are still trying to figure out how the grasshopper operates.

Dr. Chris Hinks of the Agriculture Canada research station in Saskatoon, says it has only recently been realized that grasshoppers can appear dead when sprayed in hot weather, only to perk up and head to the nearest source of food after the farmer and his pesticide sprayer have headed home.

"The hopper will be knocked down and lie there twitching and you figure he's done it," says Hinks. "Then 24 hours later he's back on his feet."

Research has shown that in hot weather the insects more quickly metabolize and render harmless pesticides, such as the commonly used compound deltamethrin, sprayed in concentrations that would be deadly in cooler temperature.

Another recent find is that grasshoppers infected with the microscopic parasite malamoeba can better tolerate otherwise lethal doses of some common pesticides. The microbes live in the hopper's gut and seem to help break down the chemicals before they can do their damage.

Meantime, research into improved insecticides is painfully slow, though scientists report some progress.

One promising area revolves around some plants' innate ability to fend off the hoppers, presumably with their own built-in pesticides.

Hinks and his colleagues have found that 60 per cent of young hoppers will die after five days of consuming certain crop varieties. He refuses to name which plants have such deadly power because the research is still in its early stages.

Hinks, who is trying to isolate the "natural" pesticides, says eventually it may be possible to breed the genes responsible for the compounds in important cereal crops.

There is also much research under way on the grasshopper's natural predators, which include a number of insects, fungi, viruses and micro-organisms. The hope is that one day they could be used as "live pesticides" to complement chemicals now in use.

Other scientists, like Olfert, are trying to provide farmers with proof that some old-time farming practices that have been abandoned were cheap and easy ways to keep grasshoppers in check.

He says "traps" — green patches left on fields and later sprayed with insecticides — can reduce hopper population by as much as 50 per cent.

"You can get 20- to 50 per-cent control for virtually nothing," says Olfert.

Other measures such as more carefully timing pesticide applications and co-ordinating spraying programs in infested areas can help improve the effectiveness of the costly spray programs and reduce the need for repeat treatments.

Unfortunately, farmers tend not to heed the advice of grasshopper specialists until they are faced with a major outbreak and by then it is often too late to do much more than try to keep the insects at bay by hauling out the chemical arsenal.

Saskatchewan's Harris, whose "grasshopper" workshops are attracting a record number of farmers this year, says there is no question "better management is the answer."

"But I'm not sure it's realistic," he says. "In a tight economy people don't want to spend money unless they have to...control techniques tend to be applied too late, when the damage is done."

ETHIOPIA

CONTROL OF ARMY WORM REPORTED

Addis Ababa THE ETHIOPIAN HERALD in English 12 Jun 85 pp 1, 5

[Text]

The pest commonly known as army worm (*Spodoptera exempta*) which had threatened crops and plantations in some areas of the southern, eastern, south-eastern, western, and central zones of Ethiopia is reported to have been put under control through government efforts taken in co-operation with peasants and mass organizations.

The plague was eradicated as a result of the launching of a project in which spray equipment and pesticides costing 720,000 birr was used after being secured from a foreign donor organization.

In addition spray equipment and pesticides purchased by the agricultural marketing corporation valued at 2.3 million birr were distributed to the various zones.

Comrade Dr. Hailu Kassa, Head of the Crop Protection and Pest Control Department of the Ministry of Agriculture, said that in line with the campaign 87,248 litres of pesticides in liquid form, 51,070 kgs. of pesticides

in powdered form 7,310 spray equipment, 78,872 batteries and other equipment numbering 7,076 pieces were dispatched to the different zones from early January up to around the end of May.

A timely measure was also taken by the department. Comrade Dr. Hailu noted, by mobilizing manpower and organizing peasants at the provincial, district and kebele levels and by offering orientation courses within the framework of the short-term project in the regions of Hararghe, Shoa, Sidamo, Arasi, Gojjam, Gondar and Wollo.

On the basis of the project worked out by his department, Comrade Dr. Hailu said that the British government, the UN Food and Agriculture Organization and the Swiss government extended various forms of aid to the project.

Barley, wheat, *teff*, sorghum, the pest maize and doura together with gram are the vegetation most threatened by the plague.

KENYA

#### DISEASE-RESISTANT COFFEE PLANT DEVELOPED

Nairobi THE KENYA TIMES in English 22 Jun 85 p 20

[Text] The Jacaranda coffee research station near Ruiru has produced a new coffee plant that is resistant to coffee berry and leaf rust diseases. The name of the new coffee plant is Ruiru 11 (eleven).

Launching the new coffee disease resistant plant at the station, the Minister for Agriculture and Livestock Development, Mr William Odongo Omamo, described the discovery as a remarkable achievement in the coffee industry.

The Minister who made a tour of the research station accompanied by the coffee research foundation chairman, Mr G.M. Mbole, noted that the new coffee plant will improve Kenya's coffee both in quality and quantity.

Addressing farmers who had come from all over the country for the coffee farmers field day, Mr Omamo said that the new plant would be distributed to farmers from 1987.

He said that the plant would save farmers and the country large sums of money spent in purchasing spray chemicals against coffee berry diseases and leaf rust.

The Minister who was accompanied by his Assistant Minister, Mr George Mwigigi and the central deputy PC, Mr Silvester Tororey, commended the station's staff for their new discovery adding that competitive researchers should be reciprocated by being promoted.

Mr Omamo urged farmers in Busia, Siaya, and some parts of the Coast Province to intensify the growing of robust coffee to save the country's foreign exchange spent on importing of instant coffee.

The field day was attended by the chairman of the Coffee Board of Kenya, Mr Stephen Michoma and Kiambu DC, Mr Francis Lekolol among others.

CSO: 5400/166

SOUTH AFRICA

INVADING BEETLES THREATEN STORED MAIZE CROPS

Johannesburg THE STAR in English 20 Jun 85 p 17

[Text]

Millions of tiny black beetles which are causing famine in central Africa by devouring mealie crops are on their way south and some may already have reached parts of the Transvaal.

The beetles are invaders from Central America and attack stored mealies in black farming areas by devouring up to 70 or 80 percent of the cobs at a time. What is left is unfit for human

consumption and can only be used as livestock fodder.

A spokesman for the National Insect Collection of the Department of Agricultural Services said in Pretoria that the beetle, the larger grain borer (*Prostephanus truncatus*), was known in South Africa and could already have arrived in black farming areas in the Northern Transvaal on its southward march from Tanzania and Zambia.

"It could not be a threat to commercial production in the Maize Triangle where grain is stored in bags or silos, but it could destroy the crops of black farmers who use traditional methods of storage," he said.

Under immediate threat from the beetle are Tanzania, where it does estimated damage of R180 million a year, Malawi, Kenya, Burundi and Zambia.

The authoritative *New Scientist* magazine says the beetle may soon threaten the whole continent since it has found a permanent foothold in Africa.

It quotes Dr Richard Hodges of the Tropical Development and Research Institute laboratories in London as saying that the beetle "is going to spread further, both from Togo and East Africa. We could hope to slow it down but there is no way we could contain it".

CSO: 5400/161

TANZANIA

BRIEFS

GRAIN QUARANTINE COMPLIANCE URGED--Ruvuma, regional authorities have been urged to effect immediately a quarantine on all villages of Ruvuma Division, Songea Rural District, to arrest the outbreak of the larger grain borer (*prostephanus truncatus*) known as Scania. An entomologist from the Ministry of Agriculture and Livestock Development, Ndugu Rhodes Makundi, advised Regional Commissioner Lawrence Gama and Acting Regional Development Director Zacharia Abuya that the current measures should involve restrictions on grain movement within and outside the affected villages. Other measures include the destruction by fire of all barns (vichanja) which are now infected and that all last year's maize in stores should be set on fire and also to prohibit individuals and private businessmen from taking maize outside the infected villages which are Peramiho A and B, Sinai, Likuyufusi, Morogoro and Mdunduvalo. Ndugu Makundi's report says his investigations had revealed that the situation in some stores shows that more than 80 per cent of last year's crop was infected by Scania and that in some cases 50 per cent or more damage was common. Ndugu Makundi added that already, due to delays in harvesting, maize in many farms was now infested with the beetle and that dried cassava was also found to be infested. The acting RDD later told Shihata that the region had embarked on a massive educational campaign, including the printing of posters to enable the peasants understand the destructive nature of Scania and that committees have been formed from village, district and regional levels to monitor the situation. The region has also decided to immediately purchase permehrin dust from Morogoro and has advised the National Milling Cooperative societies to start buying maize from the affected villages. [Text] [Dar es Salaam DAILY NEWS in English 11 Jun 85 p 3]

CSO: 5400/164



9 August 1985

## VIETNAM

## INSECT DAMAGE TO CROPS REPORTED

Hanoi NHAN DAN in Vietnamese 1 Jun 85 p 4

[Article: "Continue To Protect Rice and subsidiary Food Crops From Harmful Insects"]

[Text] At present, insects harmful to rice and subsidiary food crops are expanding greatly. Brown planthoppers, rice planthoppers, stem borers, rice caseworms and various other types of harmful insects are causing damage to tens of thousands of hectares of rice and subsidiary food crops. In many places, there are thousands or tens of thousands of brown planthoppers and rice planthoppers per square meter. There have been fires in some places. One thousand hectares in Haiphong, 4,000 hectares in Hai Hung, 5,000 hectares in Thanh Hoa and 2,000 hectares in Nghe Tinh have been damaged by planthoppers. Stem borers are everywhere. Nghe Tinh, Thanh Hoa and Haiphong have large numbers of stem borers, with an average of 300-900 per light per night and as many as 1,500. In the Mekong Delta, 8,500 hectares have been damaged by insects (with an average of 3-5 insects per square meter). There are an average of 1.6-2.6 insects per square meter in the late rice plantings in the central coastal provinces. In Quang Nam-Danang, 7,500 hectares have been damaged by insects (with 1,600 hectares suffering serious damage). In Phu Khanh, where there are 5-7 insects per square meter, 607 hectares of rice have been damaged. Rice caseworms are spreading in the late rice plantings. On the average, there are 2-5 rice caseworms per square meter, with some places having 15-30. In Thai Binh, 10,500 hectares of rice have been damaged by rice caseworms (1,800 hectares have suffered serious damage). In the Mekong Delta, insects have damaged 8,000 hectares of the main rice crop, which is tillering.

In the coming period, the number of planthoppers will increase rapidly over a broad area. There could be local fires in the early rice. In a number of places, the second batch of butterflies are coming, and the second batch of larvae is causing damage to the late rice plantings. Haiphong and Thanh Hoa could have a serious problem with unfilled tassels. Rice caseworms continue to damage the late rice.

The northern provinces must continue to implement the integrated measures: Lighting lamps, catching butterflies, destroying the nests of stem borers and spraying insecticide to exterminate the brown planthoppers and rice caseworms. Each change must be followed carefully in order to have timely prevention and control measures, keep the infestation from spreading and prevent serious damage. The localities must give greater attention to the spring and summer rice and ensure an increase in the rice yield.

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CSO: 5400/4406

VIETNAM

BRIEFS

CROP PESTS, DROUGHT IN SOUTH--Vietnamese farmers in southern provinces have tilled 821,000 hectares of summer-autumn rice, an increase of 30 percent compared with the same period last year. However, the acreages being attacked by crop pests went to 110,000 hectares last week--one-eighth of the total planted rice acreage. Another 40,000 hectares are subjected to drought due to a long hot spell. Efforts are being made to fight drought and crop pests. [Text] [Hanoi International Service in English 1000 GMT 12 Jul 85]

CSO: 5400/4407

ZAMBIA

BRIEFS

INSECTS EAT GWEMBE CROPS--An army of insects has invaded Gwembe valley and is destroying crops at an alarming rate, a member of Parliament for the area disclosed in Lusaka yesterday. Sinazongwe MP under whom the area falls Mr Dodson Syatalimi said unless the Government worked out urgent control measures, more than 96,000 people there would experience the worst famine this year. Mr Syatalimi said a lot of maize, millet and cotton were being destroyed by the insects. "Even rogo has failed to kill these insects. They will eat anything when they are hungry, including each other. The Government should act now to control the situation." Several tonnes of maize donated by charitable organisations for the famine-stricken area were still marooned at Choma because of lack of transport, Mr Syatalimi said mobilising people was impossible because of poor roads. They had not been graded for the past seven years. "We want the Government to look into this problem too because there is need to mobilise the people for development as well as for trade." He claimed that Maamba Collieries was polluting drinking water in the area from its effluents. The polluted water from the collieries was allowed to flow into nearby rivers while some of it flowed into wells from which people drew drinking water. "This is another problem to which the Government should find a solution," Mr Syatalimi said. [Tex\*] [Lusaka TIMES OF ZAMBIA in English 7 Jun 85 p 5]

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**DATE FILMED**

August 16, 1985